

**HALIFAX COUNTY  
MOTOR VEHICLE ACCIDENT  
ADMINISTRATIVE FINDINGS**

Date: \_\_\_\_\_

To: Halifax County Safety Committee

From: \_\_\_\_\_  
Name Title

Subject: Accident Findings

Summary – Based on my investigation of the accident. I believe the employee involved was/were driving \_\_\_\_\_(properly) \_\_\_\_\_(improperly). This is based on the following summary of facts:

---

---

---

---

---

---

---

---

If improper driving has been determined, indicate what, if any, disciplinary action is recommended:

---

---

---

Signed: \_\_\_\_\_