

City of Pittsburgh

For Citywide Departmental Use

Supervisor' Vehicle Accident Report – Form 51

Date:

Department:

Supervisor's Name:

Telephone Number:

1. Employee Name:

2. Disciplinary Action History (Prior 18 Months)

| Date | Offense | Action |
|------|---------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

3. Employee is aware that possible disciplinary action could result if investigation concludes that the accident was due to negligence.

Employee Signature: _____ (Print Name) _____

4. Remarks: (State unusual circumstances, facts, helpful information, etc.)

5. Action Recommended by Supervisor:

6. Departmental Action:

7. Supervisor's Signature:

Date:

8. Director's Signature:

Date:

9. Cc: Employee File, Division File, Law Department File, Fleet Maintenance Contract Manager