

**Attachment 10**  
**Form 8 Minutes of the City Motor Vehicle**  
**Incident/Disqualification Committee Hearing**

**Minutes of the City Motor Vehicle Incident/Disqualification Committee Hearing**

Regarding Employee \_\_\_\_\_ Employee Number \_\_\_\_\_

Date of Hearing \_\_\_\_\_ Time of Hearing \_\_\_\_\_

Members Department \_\_\_\_\_ Employee \_\_\_\_\_  
 Community \_\_\_\_\_ Management \_\_\_\_\_  
 Chairperson \_\_\_\_\_

Appearances Employee \_\_\_\_\_ Dept Rep \_\_\_\_\_  
 Representative \_\_\_\_\_ Witness #1 \_\_\_\_\_  
 Witness #1 \_\_\_\_\_ Witness #2 \_\_\_\_\_  
 Witness #2 \_\_\_\_\_ Witness #3 \_\_\_\_\_  
 Witness #3 \_\_\_\_\_ Witness #4 \_\_\_\_\_

Documents Employee Marked # To #  
 Attached? \_\_\_\_\_ Admitted #s \_\_\_\_\_  
 Denied #s \_\_\_\_\_

Other Evidence Employee \_\_\_\_\_ Department \_\_\_\_\_

Notes/Proceedings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional time needed? \_\_\_\_\_ No \_\_\_\_\_ Yes # of Days (Max 14) \_\_\_\_\_ Recess till \_\_\_\_\_

Member	Motor Vehicle Incident/affirm	Motor Vehicle Incident/overturn	Disqualify/affirm	Disqualify/overturn	Totals
Department					
Community					
Management					
Employee					

Chairperson \_\_\_\_\_  
 (tie only)