

**Attachment 9**  
**Form 7 A.P. 2-2 Motor Vehicle**  
**Incident/Disqualification Committee Ruling**

To: \_\_\_\_\_,  
Employee Name, Emp ID # \_\_\_\_\_, Department Name \_\_\_\_\_

From: Chairperson, City Motor Vehicle Incident/Disqualification Committee

**CITY MOTOR VEHICLE INCIDENT/DISQUALIFICATION COMMITTEE RULING**

The City Motor Vehicle Incident/Disqualification Committee met on \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ to consider the appeal of the Departmental Review Panel's Determination of \_\_\_\_\_ cause of a motor vehicle Incident, and/or disqualification from Driving as to \_\_\_\_\_. The Committee consisted of 5 members and was constituted and conducted in compliance with AP2-2 §6.9.5.

After a review of the documentation and other evidence and testimony presented at the meeting, the City Motor Vehicle Incident/Disqualification Committee finds that the Determination of the \_\_\_\_\_ Department, as affirmed/overturned by the Departmental Review Panel that

- \_\_\_\_\_ the motor vehicle incident was caused by Employee X is supported by the preponderating evidence and is affirmed;
- \_\_\_\_\_ the motor vehicle incident was caused by Employee X is not supported by the preponderating evidence and is overturned;
- \_\_\_\_\_ Employee X is disqualified from Driving is supported by the preponderating evidence and is affirmed;
- \_\_\_\_\_ Employee X is disqualified from Driving is not supported by the preponderating evidence and is overturned.

This ruling was made on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_ This ruling was unanimous; or

\_\_\_\_\_ This ruling was approved by at least three of the members of the Committee who signed below.

\_\_\_\_\_  
Designated Departmental Representative

\_\_\_\_\_  
Community Representative

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Employee Representative

\_\_\_\_\_  
Chairperson (Tie breaking vote only)

I certify that this City Motor Vehicle Incident/Disqualification Committee Ruling was  
\_\_\_\_ hand delivered or  
\_\_\_\_ mailed (\_\_\_\_regular/\_\_\_\_certified) to the address listed on the Appeal  
and the Departmental Representative on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notifying Employee's Signature

I acknowledge receipt of this Ruling on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Employee Signature/Employee Number

\_\_\_\_\_  
Departmental Representative