

USI Risk Management Office Self-Disclosure Form

Authorized Driver Name:

Department:

Job Title:

Employee Student Other

Disclosure Category:

() Traffic Citation/Moving Violation

() Driver's License Suspension

() Other _____

Major Offenses:

() Traffic Accident-Bodily Injury

() Traffic Accident-Fatality

() Traffic Accident - Alcohol/Drugs

() Other _____

Disclosure Date:

Incident Date:

Narrative Explanation (Be specific):

Attachments:

Risk Management:

Date/Time:

Final Action Taken:

() Review Only () Counseling

() RM Driver's File () Training

() Refer to HR () Refer to DOSO

() Disciplinary Action _____

() Other _____