



2019 Nomination for Safety Professional of the Year

Name of Nominee _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Email _____

- Total number of miles operated in the entire fleet:
2018 _____ 2019 _____
- Total number of accidents reportable to Department of Transportation
(property damage of \$4,400.00 or more, death or bodily injury)
2018 _____ 2019 _____
- Number of accidents which were preventable
2018 _____ 2019 _____
- Number of accidents which were non-preventable
2018 _____ 2019 _____
- Accident frequency. Total reportable accidents times one million miles divided by total miles operated
2018 _____ 2019 _____
- List any special safety accomplishments or activities. (Attach additional pages if necessary.)

7. I am a member of the WVTA Safety Management Council _____ Yes _____ No

I certify that the above is true and correct.

Nominee Signature _____ Company Officer Signature _____

Name of Company Officer _____

Title _____ Date _____

Return to: WVTA
2006 Kanawha Boulevard, East
Charleston, WV 25311
Fax: (304) 343-5810
Email: Missy@omegawv.com

RETURN NO LATER THAN APRIL 30, 2020