



## WV Fleet Safety Contest 2024 Annual Report Form

Reporting requirements for the West Virginia Truck Fleet Safety Contest:

1. A separate form must be filed for each major division representing a type of service performed within the state.
2. Statistics and rates must be listed for West Virginia, no system wide operations. Frequency rates shall be expressed in terms of the number of accidents per one million miles as determined by the following formula:

Frequency = Number of DOT Reportable Accidents x 1,000,000 Total Mileage

Name of Contestant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contest division - check one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Commodities | <input type="checkbox"/> Heavy Haulers       | <input type="checkbox"/> Tank Trucks               |
| <input type="checkbox"/> Auto Transporters   | <input type="checkbox"/> Household Goods     | <input type="checkbox"/> Vehicle Trans. (Driveway) |
| <input type="checkbox"/> Private Carriers    | <input type="checkbox"/> Miscellaneous _____ |  |

(Specify)

A separate report must be filed for each division entered. All divisions must have a minimum of five participants before the division will be judged in the contest. Contestants will be notified if their division has less than five entries.

Total WV DOT Reportable Accidents	Total WV Mileage	Frequency Ratio
Combined _____	_____	_____
Intercity/ Interterminal _____	_____	_____
Local Delivery _____	_____	_____

I hereby certify that the information submitted above is correct to the best of my knowledge and belief. I agree that a check of the record may be made prior to the announcement of any award to this organization.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

**RETURN NO LATER THAN April 2, 2024**