



2019
Fleet Safety Contest Entry Form
NORTH CAROLINA TRUCKING ASSOCIATION

CONTEST YEAR: IMPORTANT CONTEST INFO Return all completed forms by May 31, 2019
Email: info@nctrucking.com

Company Name: USDOT #
Submitted By: E Mail:
Address: City: State ZIP
Office Phone: Cell:

REQUIREMENTS FOR ALL VEHICLE SAFETY CONTESTS ARE AS FOLLOWS:

Failure to consent to an audit or render required documents will deem the contestant ineligible for an award

- 1. ONLY members in good standing with the North Carolina Trucking Association are eligible.
2. Only those motor carriers with a SATISFACTORY Safety Rating by the FMCSA may participate.
3. ALL of the following information MUST BE PROVIDED without exception or the entry is deemed invalid:
- North Carolina IFTA Miles and ALL Operational IFTA miles for the calendar year.
- ALL DOT Recordable Accidents \*. Accidents are as defined in FMCSR Part 390.5.
4. Carrier Profile Data is REQUIRED including a copy of ALL accidents shown for the previous 12 months.
- All carrier profiles (SMS/MCMIS DATA) ARE DEEMED STRICTLY CONFIDENTIAL. The data WILL NOT BE MADE PUBLIC and serves only as a resource for the independent panel of judges.
5. Accident frequency shall be expressed in terms of the number of accidents per million vehicle miles:
Frequency (RMM) = Number of accidents x 1,000,000 / Vehicle-Miles
6. The formula for calculating local driver mileage is every hour worked equals 40 miles.

Example: One week (40 hours x 40 miles) equals 1600 miles/week x 50 weeks = 80,000 per year.

- 7. Interpretations - YOU MAY ENTER ONLY ONE CONTEST DIVISION \* LOCAL OR ALL MILES.
- Should any contestant have a question as to whether or not a particular accident should be entered, they may request an interpretation and ruling by the NCTA Safety & Human Resources Council.
- Requests for interpretations must be accompanied by complete information regarding the incident so that an accurate and proper ruling can be made.
- The NCTA expressly reserves the right to declare that no competition will be held within any mileage CLASS with less than two (2) entries or to change mileage classes.
- All winners including the GRAND CHAMPION AWARD are determined by an INDEPENDENT panel of judges. ONLY ONE (1) Grand Champion will be honored annually which could come from either division (LOCAL or ALL Miles). ALL decisions made by the judges are FINAL.
- All 1st & 2nd place winners in any category and those with ZERO ACCIDENTS will receive plaques.

**CONTEST DIVISIONS & ANNUAL MILEAGE:**

Please select the appropriate mileage below:

- A) \_\_\_\_\_ Under 5 Million Miles    B) \_\_\_\_\_ 5 - 14.999 Million Miles    C) \_\_\_\_\_ 15 - 24.999 Million Miles  
 D) \_\_\_\_\_ 25 - 34.999 Million Miles    E) \_\_\_\_\_ 35 - 49.999 Million Miles    F) \_\_\_\_\_ 50 - 74.999 Million Miles  
 G) \_\_\_\_\_ 75 - 99.999 Million Miles    H) \_\_\_\_\_ OVER 100 Million Miles

**Mileage Report:** Report Frequency Rate to 2 decimal places rounding off as applicable

<b>ALL MILES DIVISION:</b>	<b>ALL IFTA MILES</b>	<b>TOTAL ACCIDENTS</b>	<b>Rate Per Million Miles ALL MILES TRAVELED</b>
ALL OPS CATEGORIES			
<b>LOCAL DIVISION:</b>	<b>LOCAL IFTA MILES</b>	<b>LOCAL VEHICLE ACCIDENTS</b>	<b>Rate per Million Miles LOCAL IFTA Miles</b>
LOCAL OPERATIONS only:			
<b>TOTAL</b>			

Enter Carrier Profile data in the table below and as provided monthly by FMCSA via SMS or MCMIS:

<b>2018</b>	<b>% Unsafe Driving</b>	<b>% Vehicle Maintenance</b>	<b>% Hours of Service</b>	<b>% Drugs &amp; Alcohol</b>	<b>% Driver Fitness</b>	<b>% Crashes</b>
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						
<b>Average</b>						

	<b>Mileage</b>	<b>RMM</b>	<b>Fatal</b>	<b>Injury</b>	<b>Tow Away</b>	<b>Total</b>
<b>Previous Year</b>						
<b>Contest Year</b>						
<b>Summary</b>						

Report mileage and accidents in the SAME selected division for the previous year:

**THE FOLLOWING CERTIFICATION MUST BE SIGNED BY AN EXECUTIVE OFFICER OF THE COMPANY:**

I hereby certify that the above information is correct to the best of our knowledge and belief. I agree that an audit of the records may be made prior to the announcement of any award to this company. It is understood that we must currently have a Satisfactory rating with the USDOT, Federal Motor Carrier Safety Administration.

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