

WISCONSIN MOTOR CARRIERS ASSOCIATION
WISCONSIN COUNCIL OF SAFETY SUPERVISORS

WISCONSIN MOTOR FLEET SAFETY CONTEST
Annual Report For the Year Ending December 31, 2008

Name	E-Mail		

Company	_____		

Address	_____		

City	State	Zip	

Telephone No.			

1. 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.
2. Report only fleet miles and accidents occurring in Wisconsin.

CONTEST DIVISIONS

Small Carrier		Large Carrier	
DIVISION I	(Under 500,000 Miles)	DIVISION III	(1.1 - 4.9 Million Miles)
DIVISION II	(500,001 - 1 Million Miles)	DIVISION IV	(Over 5 Million Miles)

MILEAGE/ACCIDENT REPORT

<u>Division</u>	<u>Total Accidents</u>	<u>Total Mileage</u>	<u>Frequency Ratio</u>
_____	_____	_____	_____

The frequency rate shall be expressed in terms of the number of accidents per one million miles as determined by the following formula:

$$\text{FREQUENCY} = \frac{\text{NUMBER OF ACCIDENTS} \times 1,000,000}{\text{TOTAL MILEAGE}}$$

Report accidents in accordance with governing rules, including mishaps occurring on private property or in company yard or garage. (**Copies of the rules** may be found at www.witruck.org or by contacting Sue Webb at (608) 833-8200 ext 12 or sfwebb@witruck.org.) **DO NOT REPORT VEHICLES INVOLVED IN MISHAPS WHILE LEGALLY AND PROPERLY PARKED AS ACCIDENTS.** An accident is reportable regardless of where it occurred, who was hurt, what property was damaged, or who was responsible.

I certify that the above entries are true and correct. I agree to a final audit of this fleet's submitted mileage and accident data.

Signature _____ Title _____

Return this form on or before March 31, 2009 to:

Wisconsin Motor Carriers Association, P.O. Box 44849, Madison, WI 53744-4949
Fax: 608-833-2875