



Trucking Association of New York 2024 Fleet Safety Award Application Form

The TANY Fleet Safety Awards were developed to recognize member fleets in good standing that have the best record of safe operation in New York State.

All award winners will be notified by mail and presented with a plaque at the **Truck Safety and Education Symposium** Awards Luncheon on April 8, 2025 in Saratoga Springs, NY. Five fleets will also be selected and eligible to apply for the Overall Grand Trophy - the winner will be announced at the Awards Luncheon.

Frequently Asked Questions

How do I report all New York accidents?

All accidents are reportable regardless of preventability, whose property was damaged or the amount of damage, who was at fault, whether the accident resulted in a fatality or injury, or whether the accident occurred on public or private property. Except for accidents involving fleet-operated passenger cars, service vehicles or similar miscellaneous equipment, accidents must be reported whether the fleet vehicle was owned, or its use obtained through rental, short-term or long-term lease, interchange or other similar arrangement.

What is a "recordable accident"?

As stated in 49 CFR part 390.5 a recordable accident includes all occurrences that meet the following criteria:

- a) A fatality; or
- b) A personal injury requiring the injured person(s) to be taken from the accident scene or medical attention; or
- c) When a vehicle involved in the accident had to be towed from the scene

Compare your accidents to SMS to confirm all accidents are accounted for. If you have a recordable accident in which the carrier or driver was not held at fault and believe was non-preventable, provide any police or accident reports and written details regarding the accident. It will be taken into consideration upon review of the application.

For more information, contact:

Kate Crandall, *Program and Events Manager*
(518) 458-9696 | kcrandall@nytrucks.org

Submission deadline: February 8, 2025

To Submit:

Option 1: Complete Online submission at <https://forms.office.com/r/qiSi3n3UJn>

Option 2: Email this completed form and all required documentation to kcrandall@nytrucks.org

- Visit nytrucks.org for detailed instructions -



Trucking Association of New York
3 Corporate Drive | Clifton Park, NY 12065
(518) 458-9696 | kcrandall@nytrucks.org

2024 Fleet Safety Award Application Form



Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Rep.: _____ Title: _____

Email: _____

Phone: () _____ USDOT#: _____

IMPORTANT: A minimum of 33% of total NY miles must be in each category the carrier is applying for in order to be eligible (maximum of 3 categories). Mileage and accident/police records must be submitted separately by category.

REQUIRED: A one-page description that includes information about your company's operation size and scope within New York State (type, number, etc.) as well as details on safety efforts and programs implemented to ensure a continual commitment to safety.

Category	NY Miles Driven	Majority of Miles	All NY Accidents	DOT Accidents (Recordable)
General Commodities TL		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
General Commodities LTL		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Tank Truck/Bulk - Hazmat		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Tank Truck/Bulk - Non-HzMt		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Flatbed/Heavy Hauler		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Dump Truck/Construction		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Small Package/Delivery Van (Less than 16,000 lbs. GVWR)		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Miscellaneous: Specify _____		<input type="checkbox"/> Highway <input type="checkbox"/> Non-highway		
Total				

To my knowledge, the facts reported above are true and complete.

Safety Department

Name (please print): _____ Title: _____

Email: _____

Signature*: _____ Date: _____

Company Officer

Name (please print): _____ Title: _____

Signature*: _____ Date: _____

**The signature of the safety department/company officer contact constitutes an agreement to the audit of applicable safety records by a representative of the Trucking Association of New York if the company is determined eligible for an award.*

Applications due by February 8, 2025

All applications are subject to audit by the Trucking Association of New York