

# Fleet Safety Award

Submit by August 7

**WHO IS ELIGIBLE?** Nebraska Trucking Association members in good standing are eligible.

Company

US DOT Number

Select division

*(Separate nomination forms should be filled for each division)*

- |  |   |   |
|--|---|---|
| <input type="radio"/> Aggregate Carriers       | <input type="radio"/> Household Movers            | <input type="radio"/> Tank Truck-Bulk Carrier |
| <input type="radio"/> Agricultural Commodities | <input type="radio"/> Less-Than-Truckload Carrier | <input type="radio"/> Truckload Carrier       |
| <input type="radio"/> Contract Carrier         | <input type="radio"/> Private Carrier             | <input type="radio"/> Other                   |
| <input type="radio"/> Heavy Hauler             |   | <input type="text"/>                          |

## Nebraska mileage and accidents

*May 1, 2025 through April 30, 2026*

	DOT Recordable Accidents in Neb. Preventable & Non-Preventable	Neb. Mileage	Accident Frequency Ratio	Non-Recordable Accidents & Incidents in Neb.	Total Accidents
Over the road	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local/city	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Combined	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Overall mileage and accidents

*May 1, 2025 through April 30, 2026*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Nebraska accident frequency ratio from previous contest year (combine over-the-road & local/city)

Current out of service rate for driver (FMCSA SAFER)

Current out of service rate for vehicles (FMCA SAFER)

I certify that the above information is accurate to the best of my knowledge. I agree that fleet safety contest officials may audit my company's safety records before announcing any award.

*(Full name, title, and date required in box below)*

Submit to [april@nebtrucking.com](mailto:april@nebtrucking.com)



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Provide a safety program summary and what differentiates your company's program. Include the type of operation(s), states operating in, the average number of daily drops, and any unusual challenges. Attach a separate sheet if necessary.

Nominator

Nominator phone

Nominator email

Submit to [april@nebtrucking.com](mailto:april@nebtrucking.com)