



2024 TENNESSEE STATE FLEET SAFETY CONTEST RULES AND REGULATIONS

Deadline for Entry: July 12, 2024

Late entries will not be accepted

1. The Tennessee State Fleet Safety Contest is open to all carrier members in good-standing of the Tennessee Trucking Association and membership was current during the reporting period.
2. The contest reporting period is the **2023** calendar year. All entries must be on the official entry form provided.
3. **Only mileage operated in the state of Tennessee is to be included in this report.** Total mileage of all units operated in Tennessee, except passenger cars, pickup trucks, tow trucks and similar service units, is to be reported.
4. **Only DOT Reportable accidents occurring in the state of Tennessee** are required to be reported. Reporting of Accidents: All DOT recordable accidents, **whether preventable or non-preventable**, should be reported.

Please note the following accident guidelines:

- A. The amount of damage or cost of repair is not a factor in determining if the occurrence is an accident.
- B. DOT recordable accidents are those that must be recorded in the company accident register and available for review in the event of a FMCSA audit as described in 49 CFR 390.5.
- C. These accidents include:
 - 1) Any accident involving a fatality.
 - 2) Any accident with bodily injury to a person who must be transported away from the scene for medical treatment.
 - 3) Any accident where one or more vehicles incur disabling damage and must be transported away from the scene by tow truck.
- D. These accidents do not include:
 - 1) An occurrence involving only boarding and alighting from a stationary motor vehicle.
 - 2) An occurrence involving only the loading or unloading of cargo.
- E. The Crash Frequency Rate will be calculated using total Tennessee miles and all Tennessee DOT Recordable Accidents (only): **Carriers will have the ability to remove those crashes that have been deemed non-preventable by FMCSA under the Crash Preventability Program by the entry deadline of July 12, 2024.**

5. Contest Divisions and Mileage Categories:

Truckload (For Hire Only)	Less Than Truckload	Private Carrier
0 – 3,000,000	0 – 7,000,000	0 – 1,000,000
3,000,001 - 7,000,000	7,000,001 - 15,000,000	over 1,000,000
7,000,001 - Over	15,000,001 - Over	

6. All entry forms are subject to an on-site review by a TTA representative for verification of data reported.
7. Presentation of the award will be at the TTA 94th Annual Convention September 15-17, 2024 at the beautiful Sandestin Hilton Resort in Destin, FL.

RETURN ENTRY FORM TO:

Tennessee Trucking Association • 4531 Trousdale Drive, Nashville, TN 37204 • Phone: 615-777-2882 • FAX 615-777-2024
or email cfoster@tntrucking.org



2024 TENNESSEE STATE FLEET SAFETY CONTEST OFFICIAL ENTRY FORM

Deadline for Entry: July 12, 2024

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1. A separate report must be filed for each major division representing a type of service performed within the state.
2. Statistics and rates must be listed for statewide, not systemwide operations. Frequency rates shall be expressed in terms of the number of accidents per one million miles as determined by the following formula:

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

ENTRANT INFORMATION: (Please type or print.)

Name of Entrant _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Company Safety Director _____ US DOT # _____

CONTEST DIVISION: (Check One). *A separate report must be filed for each Division entered.*

Truckload (For Hire Only) Less Than Truckload Private Carrier

STATISTICAL INFORMATION:

# DOT/FMCSA reportable accidents in TN	# of DOT/FMCSA reportable accidents in TN deemed nonpreventable by FMCSA under CPP (see 4. E)	# of DOT/FMCSA reportable accidents in TN (minus column 2)	Total VMT miles in Tennessee	TN Accident Frequency Rate (use column 3)

**THE FOLLOWING MUST BE SIGNED BY AN OFFICER OF THE
COMPANY OTHER THAN THE SAFETY DIRECTOR**

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

(Signature)

(Title)

(Date)

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