

Nomination Information and Application

The Saved by the Belt program gives law enforcement agencies and occupant protection programs and partners the opportunity to reward safe motorists and spread the word about the importance of seat belt use.

To reward drivers or passengers whose seat belt use saved their lives, complete the following easy steps after the crash:

- Fill out the nomination form on the back of this flyer. Have the nominee complete the "Nominee Information" section. Forms are also available at www.michigan.gov/ohsp.
- Send the form to OHSP at the address below or fax it to 517-284-3338.
- Please send photos (if available) and a UD-10 crash form along with the application. Information on how to order a UD-10 traffic crash report, can be found at: www.michigan.gov/crash

The following criteria will be used to issue awards:

- The crash must be serious (more than a fender bender)
- No drugs or alcohol involved on the part of the candidate
- Seat belt must be worn properly (not coded "restraint use unknown")

Qualifying candidates will receive a certificate and small token of appreciation. The certificates can be mailed to the agency for presentation to the recipient, or OHSP can mail them directly to the recipient. Presentations can also be made during a local Traffic Safety Network meeting.

Questions? Contact the Michigan Office of Highway Safety Planning at 517-284-3332.





P.O. Box 30634, Lansing, MI 48909 517-284-3332 • www.michigan.gov/ohsp

Saved by the Belt Nomination Form

NOMINATOR (OFFICER) INFORMATION				
Nominating Agency				
nonmacing agency				
Contact name			Best time to reach me	
Contact name			Dest time to reach me	
Phone		E-mail	l	
riiolie		L-IIIaii		
NOMINEE INFORMATION				
Name				
Name				
Home phone		Work nhone		
nome phone		Work phone		
F-mail			la	
L-man			Age	
Address				
Address				
e:		16	1	
City		State	Zip	
		<u> </u>		
Allow use of name for media purposes? ☐ Yes ☐ No				
If yes, nominee signature				
Willing to participate in formal presentation and/or media event? ☐ Yes ☐ No				
CRASH INFORMA	ATION			
Date of Crash	Crash report number		Number of passengers	
Location				
Investigating officer				
Type of occupant protection: ☐ Seat belt ☐ Child safety seat				
Vehicle info: □ car, □ van, □ truck, bus				
Vehicle	Make	Model	Year	
Veinere	mune	model	licui	
Rriefly describe crash /	<u>I</u> Injuries / Damage to vel	l hirle	l	
Briefly describe crash / Injuries / Damage to vehicle				
☐ Send the certificate and reward item back to the agency for presentation to the recipient.				
☐ Mail the certificate and reward item directly to the recipient.				
☐ Present the certificate and reward item at a Traffic Safety Committee meeting				
I —	(OHSP will contact nominating agency to arrange).			