

KANSAS

FLEET SAFETY CONTEST

Sponsored by
Great West Casualty Company
&
Kansas Motor Carriers Association
P.O. Box 1673, Topeka, Kansas 66601-1673
785-267-1641 ♦ FAX 785-266-6551

Please complete in duplicate and return original to KMCA office by February 17, 2012. Keep a duplicate for your records.

2011 ANNUAL REPORT FORM

Contest Year: January 1, 2011 - December 31, 2011

Company Name _____ Date _____

Address or P.O. Box _____ City, State & Zip _____

Person submitting report _____ Title _____

U.S.DOT Number (required) _____

Contest Division: Check One (A separate report must be filed in for each division entered)

- Less-Than-Truckload Carriers Tank Truck Carriers Household Movers Towing
 Agricultural Carriers Auto Transporter Truckload Carrier Private Carrier
 Oilfield & Heavy Machinery Aggregate Carrier

NOTE: Report Kansas miles and Kansas accidents only.

SAFETY RECORD:

| | Mileage In Kansas | # of DOT Recordable Accidents In Kansas | Accident Frequency Ratio | # of Non-Recordable Accidents/Incidents in Kansas | Total Accidents |
|-----------|----------------------|---|--------------------------------|---|--------------------|
| Local | _____ | _____ | _____ | _____ | _____ |
| Intercity | _____ | _____ | _____ | _____ | _____ |
| Combined | _____ | _____ | _____ | _____ | _____ |

♦ Accident Frequency Ratio: (# of DOT Recordable accidents x 1,000,000) divided by (**Kansas Vehicle miles**).

A COMPANY OFFICER OTHER THAN THE SAFETY DIRECTOR MUST SIGN THE FOLLOWING CERTIFICATION: I hereby certify that the above information is accurate to the best of my knowledge. I agree that an audit of the records by KMCA contest officials can be made prior to the announcement of any award to this organization.

Signature

Title