



Saved by the Safety Belt MEMBERSHIP APPLICATION

(Please Type or Print)

Nominee Information

Name: _____ Phone: () _____ (home) () _____ (work/other)

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

Crash Information

Date of Crash: _____ Location (Name of City or County): _____

Nominating Agency: _____ Contact (Name and Phone) _____

Describe how occupant restraint system (safety belt or child restraint) eliminated or reduced injury or prevented fatality to nominee:

NOTE: Nominee does not have to agree to the below conditions to be considered for this award.

Has nominee agreed to allow the use of information surrounding this incident, including but not limited to; names, addresses and photographs to be used in any media coverage? _____ Yes _____ No

If yes, have nominee (or legal guardian if a minor) sign: _____ Print Name: _____

Would nominee be willing to participate in a formal presentation and/or media event? _____ Yes _____ No

Mail application (and copy
of the Illinois Traffic Crash Report
including diagram & narrative)

to: Michael G. Witter
NHTSA, Great Lakes Region
1990 Governor's Drive, Suite 201
Olympia Fields, IL 60461



Illinois Department of Transportation

