NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Injury Prevention

Belted, Saved & Alive
Recognition Application

Name	Age at Time of Crash	Date of Birth

Address	County

City	State	Zip

Home telephone	E-mail Address

Date of crash	Time of the crash

Location of the crash (e.g., an intersection, country road, city street, county, etc.)

Type of vehicle you were in (e.g., 2000 Ford Focus)	Were you a: ☐ driver ☐ passenger

Tell us about your crash/ How did it happen?

Were you or anyone else hurt in the crash? If so, please describe the injuries.

Briefly describe the damage to the vehicle(s).

Who/What got you to use a safety belt?

Since your crash, have you tried to get others to use safety belts? If so, how?

May we use your name and story in connection with this safety belt promotion campaign? ☐ Yes ☐ No

Signature	Date

Parent/Guardian Signature (if you are under 18)	Date

Submit this form by mail or fax to:

NYSDOH Bureau of Injury Prevention
Riverview Center 150- Broadway, 3rd Floor West
Albany, NY 12204-0677
518-473-1143(p) 518-474-3067(f)