

# **Saved By the Belt & Bag Recognition Program**

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## **Purpose:**

- To identify individuals whose lives are saved or injuries significantly reduced because they were properly wearing a safety belt or were in a safety seat or protected by an air bag and a safety belt at the time of the crash;
- Provide documented evidence of cases where safety belts and other occupant protection devices “made the difference”;
- Reinforce the life-saving importance of occupant protection for individuals involved in motor vehicle crashes and encourage others to utilize them;
- and to increase public awareness on the benefits of proper use of safety belts/air bags and/or child safety seats.

## **Who Qualifies:**

Persons who are eligible for receiving the award must meet all of the following criteria:

- Nominee must be a Virginia resident.
- Nominee must have used the proper combination of safety devices. For example, lap AND shoulder belts, if equipped in vehicle; or use of the manual lap belt as required with some automatic belt systems. Child nominees, who were restrained by a child safety seat, must have been properly secured in the child restraint and properly secured in the vehicle.
- Nominee must not have been cited for a willful or intentional violation of the law or whose actions were responsible for the crash.

## **Nomination Procedures:**

- A completed application form;
- and it is helpful if a copy of the crash or incident report accompanies the application form.

## **Review Procedures:**

Each entry will be reviewed using the following criteria:

- Severity of the crash.
- Severity of injuries/condition.
- Circumstances surrounding the crash.
- Additional information may be requested to support the nomination.
- Reviews of the nominations will be conducted on a quarterly basis and the nominating agency/person will be notified of the decision. Presentation of the Award will be made in the nominator’s jurisdiction.
- The Saved by the Belt & Bag Program Committee reserves the right not to grant the award.

## **Disclaimer:**

Nominees agree to allow the use of their name and crash information in promotional activities for the Saved By the Belt & Bag (SBTB&B) program, and releases SBTB & B and its representatives from any obligation or liability associated with the awards and subsequent promotions of this program.

## **Sponsors:**

*Virginia Association of Chiefs of Police; Virginia Department of Motor Vehicles; Virginia Department of State Police; Virginia Sheriffs’ Association; and DRIVE SMART Virginia.*

# Saved By the Belt & Bag Nomination Form

## Nominee Information:

Name of Survivor/s: \_\_\_\_\_

(If nominee is under 18 years of age, please also provide the parent or guardian name.)

Nominee Address: \_\_\_\_\_

(If nominee is under 18 years of age, please use parent or guardian address.)

Nominee Daytime Telephone Number: (            ) \_\_\_\_\_

(If nominee is under 18 years of age, please use parent or guardian daytime phone number.)

## Crash Information:

Date of Crash: \_\_\_\_\_ Time: \_\_\_\_\_ Location (City or County): \_\_\_\_\_

## Crash Investigator:

Name: \_\_\_\_\_ Phone: (            ) \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Give a brief description of the crash and tell how safety restraints were of benefit. (Include whether occupants of other vehicles were buckled up, if known). Additional information such as photographs may be submitted to support the nomination. Attach copy of crash report. Use additional sheet if needed.

Name of Nominator: \_\_\_\_\_

Nominator's Address: \_\_\_\_\_

Daytime Telephone Number: (            ) \_\_\_\_\_ Fax: (            ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_, nominate \_\_\_\_\_ for the Saved By the Belt & Bag Award. To the best of my knowledge, this individual is a Virginia resident who was involved in a traffic crash and was wearing his/her seat belt or in a child restraint device at the time of the crash. To the best of my knowledge, this individual was not cited for a willful or intentional violation of the law or whose actions were responsible for the crash.

Signature of Nominator: \_\_\_\_\_

Date: \_\_\_\_\_

*For further information or to submit an application and supporting materials for consideration, please contact:*

Donald W. Allen, Law Enforcement Liaison, Virginia Highway Safety Office  
103 Squire Lane, Beckley, WV 25801  
Phone: (540) 599-1449      E-Mail: don@smartsafeandsober.org