

SOUTH JERSEY TRAFFIC SAFETY ALLIANCE

SAVED BY THE SEAT BELT CLUB MEMBERSHIP/NOMINATION APPLICATION

Name:

Address:

Phone No:

ACCIDENT DESCRIPTION

Vehicle Make/Model/Year:

Number of Passengers:

Number of Passengers under 8 years of age:

Date of Crash:

Location of Crash:

Municipality/police department:

Briefly describe crash:

Briefly describe injuries:

Briefly describe the extent of damage to the vehicle:

How many other vehicles were involved?