Trailways®

Annual Safety Awards Program

Summary for _____ Quarter/Year 2025

Trailways Company Name: _____

Phone Number _____

Primary Type of Service ____ Scheduled Route ____ Charter/Tour

	Quarter	Year To Date
Trailways Fleet Miles	_____	_____
Number of Recorded, Preventable Accidents	_____	_____

Note: Refer to the attachment for the Trailways Accident Definition

Number of Trailways Motorcoaches in Operation: #_____

_____ Yes, I would like to calculate my frequency rate*

My frequency rate is _____

_____ No, I do not wish to calculate my frequency rate* and allow the Trailways Corporate Office to calculate this for me.

Certified By _____

Date Submitted _____

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*Frequency Rate is reported as accidents per million miles traveled.

* Accidents x 1,000,000 = Accidents per million (passenger) miles
Fleet vehicle miles

DEADLINES FOR QUARTERLY SUBMISSIONS

November 1st, 2025

Please Copy This Form for Additional Entries!