

# Help Spread the Message – Safety Belts Save Lives



Are you a teen who has survived an injury or death by wearing a safety belt when involved in a car crash?

Are you an emergency responder, doctor or law enforcement officer who knows a teen who has survived a moderate-to-severe injury or death by wearing a safety belt when involved in a car crash?

The New York State Department of Health Bureau of Injury Prevention's **Belted-Saved-Alive** Campaign recognizes 14-19 year-olds for safety belt use when involved in a moderate-to-severe motor vehicle crash.

Recognized teens will receive:

- ★ Honorary Certificate of Recognition
- ★ "Friends Make Friends Buckle Up" rubber wristbands to distribute to their friends

Teens and their crash information may also appear in a State Health Department publication to promote safety belt use among teens.

To qualify, a teen must be a New York State resident, 14 -19 years old and have used a seat belt when involved in a moderate-to-serious car crash. The crash must have occurred in the past two years. A teen can apply or be nominated by a law enforcement officer, emergency responder or doctor. A copy of the police crash report should be provided.

- ★ More than 300 teens are killed or seriously injured in New York State each year in car crashes while riding unrestrained. That would fill the seats of 12 typical high school classrooms.
- ★ Buckling up keeps individuals from being thrown out of cars in a crash. If ejected, a person is 35 times more likely to die from the crash.
- ★ Everyone should buckle up. Back seat passengers not using safety belts can become "bullets" in a crash, slamming into front seat occupants causing life-threatening injuries to themselves and others riding in the car.

What You Should  
Know About  
Teens and  
Buckling Up

To apply or nominate a teen, fill out a **Belted-Saved-Alive Application or Nomination Form** which can be found at [www.health.state.ny.us/prevention/injury\\_prevention/](http://www.health.state.ny.us/prevention/injury_prevention/) or email the State Health Department Bureau of Injury Prevention at [injury@health.state.ny.us](mailto:injury@health.state.ny.us).

*The Belted-Saved-Alive Campaign is sponsored by the New York State Department of Health Bureau of Injury Prevention through a grant received through the New York State Governor's Traffic Safety Committee.*



Name of Nominee	Age at Time of Crash	Date of Birth
Address	County of Residence	
City	State	Zip
Home telephone	E-mail Address	
Date of crash	Time of the crash	
Location of the crash (county and city)		
Type of vehicle the nominee was in (year, make and model)	Was the nominee a: <input type="checkbox"/> driver <input type="checkbox"/> passenger	
Briefly describe the crash. How did it happen?		

Was anyone hurt in the crash? If so, please describe the injuries.

Briefly describe the damage to the vehicle and other vehicles if involved.

Agency Name

Name of Law Enforcement Officer/Emergency Service Responder

Address Phone

E-mail Address Date

Submit this form by mail or fax to: NYSDOH Bureau of Injury Prevention  
Riverview Center 150- Broadway, Suite 302  
Albany, NY 12204-0677  
518-473-1143(p) 518-474-3067(f)  
E-mail: [injury@health.state.ny.us](mailto:injury@health.state.ny.us)



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
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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: <input type="checkbox"/> driver <input type="checkbox"/> passenger
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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)