

## **ARTICLE 19-A MOTOR CARRIER ANNUAL** STATISTICAL REPORT

**BUS DRIVER UNIT** 6 EMPIRE STATE PLAZA, ROOM 331 ALBANY, NY 12228 (518) 473-9455

Carrier Name  Address (Include Number and Street)			Date	
			Federal ID Number	
City	State	Zip Code	19-A Business ID Number	
	Email Address		Contact Phone Number	

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To the best of your knowledge and ability, please provide answers to the following questions. All answers must be numeric. Do not leave any answers blank.

1.	What is the number of miles traveled last year?	ed by buses operated by you during the period January 1 to December 31 of	
2.	2. What is the total number of convictions and accidents* involving any driver employed by you that were reported to you under Section 509-f of the VTL during the period January 1 to December 31 of last year?		
	Convictions:	Accidents:	
3.	. What are the numbers of convictions/accidents per ten thousand miles traveled?		
	Convictions:	Accidents:	
	The numbers can be found using th	e following formulas:	

numbers can be found using the following formulas:

- Number of convictions per 10,000 miles = total number of convictions divided by the total number of miles traveled, and multiply that result by 10,000
- Number of accidents per 10,000 miles = total number of accidents divided by the total number of miles traveled, and multiply that result by 10,000

This report must be filed with your Article 19-A Annual Affidavit of Compliance. Failure to fully complete and file this form will result in the rejection and return of your Annual Affidavit of Compliance.

You are required by law to make a copy of this report available to anyone who requests it.

\*Accidents shall include any accident with another vehicle, object or person which occurs in this state or elswhere.

