Goodyear Highway Hero Nomination Form:

TO QUALIFY FOR THIS YEAR'S NOMINATION, THE INCIDENT MUST HAVE OCCURRED BETWEEN NOVEMBER 16 OF LAST YEAR AND NOVEMBER 15 OF THIS YEAR.

MY NOMINATION FOR HIGHWAY HERO OF THE YEAR IS_____

DRIVER'S COMPANY_____

ADDRESS_____ CITY/STATE _____

ZIP OR POSTAL CODE _____ PHONE ( ) _____

HOME ADDRESS _____ CITY/STATE _____

ZIP OR POSTAL CODE _____ PHONE ( ) _____

NOMINATED BY_____

ADDRESS_____ CITY/STATE _____

ZIP OR POSTAL CODE_____ PHONE ( ) _____

RELATIONSHIP TO NOMINEE_____ WERE YOU AT THE SCENE? _____

HOW DID YOU HEAR ABOUT THE PROGRAM?_____

INFORMATION ABOUT THE INCIDENT:

WITNESSES_____ **POLICE DEPT. INVOLVED** _____

ADDRESS_____ ADDRESS_____

CITY/STATE_____ CITY/STATE _____

ZIP/PHONE _____ ZIP/PHONE _____

NAME OF INVESTIGATING OFFICER_____

HOSPITAL/EMERGENCY SERVICE INVOLVED _____

CITY/STATE_____ DATE OF THE INCIDENT _____

BRIEFLY DESCRIBE THE INCIDENT**:** _____

(ATTACH EXTRA SHEETS IF NECESSARY)

SEND TO: GOODYEAR HIGHWAY HERO AWARD HEADQUARTERS, DEPT. 798A, 1144 E.. MARKET STREET, AKRON OH 44316