

# TICKET YOUR FAMILY

## SAFE ROUTES TO SCHOOL

TICKETED NAME	
DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION	
<b>MUST BE REMINDED TO SET A GOOD EXAMPLE</b>	
<b>ALWAYS TRAVEL SAFELY</b>	

- |                                                                                |                                                                  |                                                               |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> DID NOT USE AVAILABLE CROSSWALK                       | <input type="checkbox"/> AGGRESSIVE DRIVING                      | <input type="checkbox"/> DID NOT MAKE EYE CONTACT WITH DRIVER |
| <input type="checkbox"/> FOLLOWING VEHICLE TOO CLOSELY                         | <input type="checkbox"/> UNBUCKLED PASSENGER/DRIVER              | <input type="checkbox"/> BEFORE CROSSING ROAD                 |
| <input type="checkbox"/> PASSING BIKE TOO CLOSELY                              | <input type="checkbox"/> CROSSED STREET WITHOUT LOOKING BOTH     | <input type="checkbox"/> OTHER DISTRACTION: _____             |
| <input type="checkbox"/> DID NOT WEAR A HELMET WHEN<br>BIKING/RIDING A SCOOTER | WAYS<br><input type="checkbox"/> DID NOT YIELD TO PERSON WALKING | <input type="checkbox"/> _____                                |
| <input type="checkbox"/> DID NOT USE TURN SIGNAL                               | <input type="checkbox"/> BLOCKING CROSSWALK                      | <input type="checkbox"/> _____                                |
| <input type="checkbox"/> PASSED SLOWER VEHICLE ON THE RIGHT                    | <input type="checkbox"/> BOTH HANDS NOT ON WHEEL                 | <input type="checkbox"/> _____                                |
| <input type="checkbox"/> DROWSY DRIVING                                        | <input type="checkbox"/> CELL PHONE DISTRACTION                  | <input type="checkbox"/> _____                                |

WHY THIS BEHAVIOR IS UNSAFE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT CAN BE DONE NEXT TIME? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TICKETED SIGNATURE
ADVOCATE SIGNATURE

**ALL ROAD USERS SHARE THE RESPONSIBILITY TO KEEP NORTH CAROLINA'S ROADS SAFE. MAKE SAFE DECISIONS WHEREVER, WHENEVER, AND HOWEVER YOU TRAVEL. TOGETHER, WE CAN SAVE LIVES.**

