

# 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>

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

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

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

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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.**

