

INTERSECTION OBSERVATION

Name: _____ Due Date: _____
Parent/Guardian Signature _____

INTERSECTIONS:

Intersection 1 (must be a 4-way stop) *Names of streets* > _____

Intersection 2 (must be a signal light) *Names of streets* > _____

Time of day: Intersection 1 _____ am/pm (**30 minutes minimum**)

Intersection 2 _____ am/pm (**30 minutes minimum**)

DIRECTIONS: Place a mark next to each category each time you see it!

Using cell phone

Male YES -

Male NO -

Female YES -

Female NO -

Seatbelt On

Male YES -

Male NO -

Female YES -

Female NO -

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Tailgating

Speeding

Failure to yield "Right of Way"

Incomplete stop (vehicle never stops rolling)

Running red light/stop sign (w/o slowing)

Stopping in crosswalk

Failure to signal

Inattentive driving

Eating while driving

Loud music

Road Rage (please give brief description)

Other (please give brief description)