

Intersection Assignment

Name _____

Location _____

Start Time _____

End time _____

Parent Signature _____

For a minimum of one hour, track the number of traffic errors you observe. When finished and the number of errors totaled, write a minimum one-page summary of your observations and attitudes about the drivers you observed.

Observations	Number	Total
Running Red Light		
Running Yellow Light		
Speeding		
Incomplete Stop		
Over-running Crosswalk		
Wrong Signal		
No Signal		
Improper Turn		
Improper Lane Change		
Passing in Intersection		
Distracted Driving		
Cell Phone		
Following Too Close		
Failure to Yield		
Failure to Yield to Pedestrians		
Impeding Traffic – too slow		
Failure to Control Vehicle		
Road Rage		
Other: (List)		
Grand Total:		