

Name: _____

Date: _____

Contact info: _____



Weather: cloudy/rainy/sunny/windy

Location _____

If necessary, call for clarification
Carlos 661-406-3387

| Time | Female | | | | Male | | | | Pedestrian | | | |
|----------------|--------|----------------|----------|--------------|--------|----------------|----------|--------------|------------|------|----------|-------|
| | Helmet | No Hel- met | Sidewalk | Wrong Way | Helmet | No Hel- met | Sidewalk | Wrong Way | Female | Male | Disabled | Other |
| 7:00 - 7:15 | | | | | | | | | | | | |
| 7:15 - 7:30 | | | | | | | | | | | | |
| 7:30 - 7:45 | | | | | | | | | | | | |
| 7:45 - 8:00 | | | | | | | | | | | | |
| 8:00 - 8:15 | | | | | | | | | | | | |
| 8:15 - 8:30 | | | | | | | | | | | | |
| 8:30 - 8:45 | | | | | | | | | | | | |
| 8:45 - 9:00 | | | | | | | | | | | | |
| TO- TAL: | | | | | | | | | | | | |