

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
4:00 - 4:15												
4:15 - 4:30												
4:30 - 4:45												
4:45 - 5:00												
5:00 - 5:15												
5:15 - 5:30												
5:30 - 5:45												
5:45 - 6:00												
TO- TAL:												