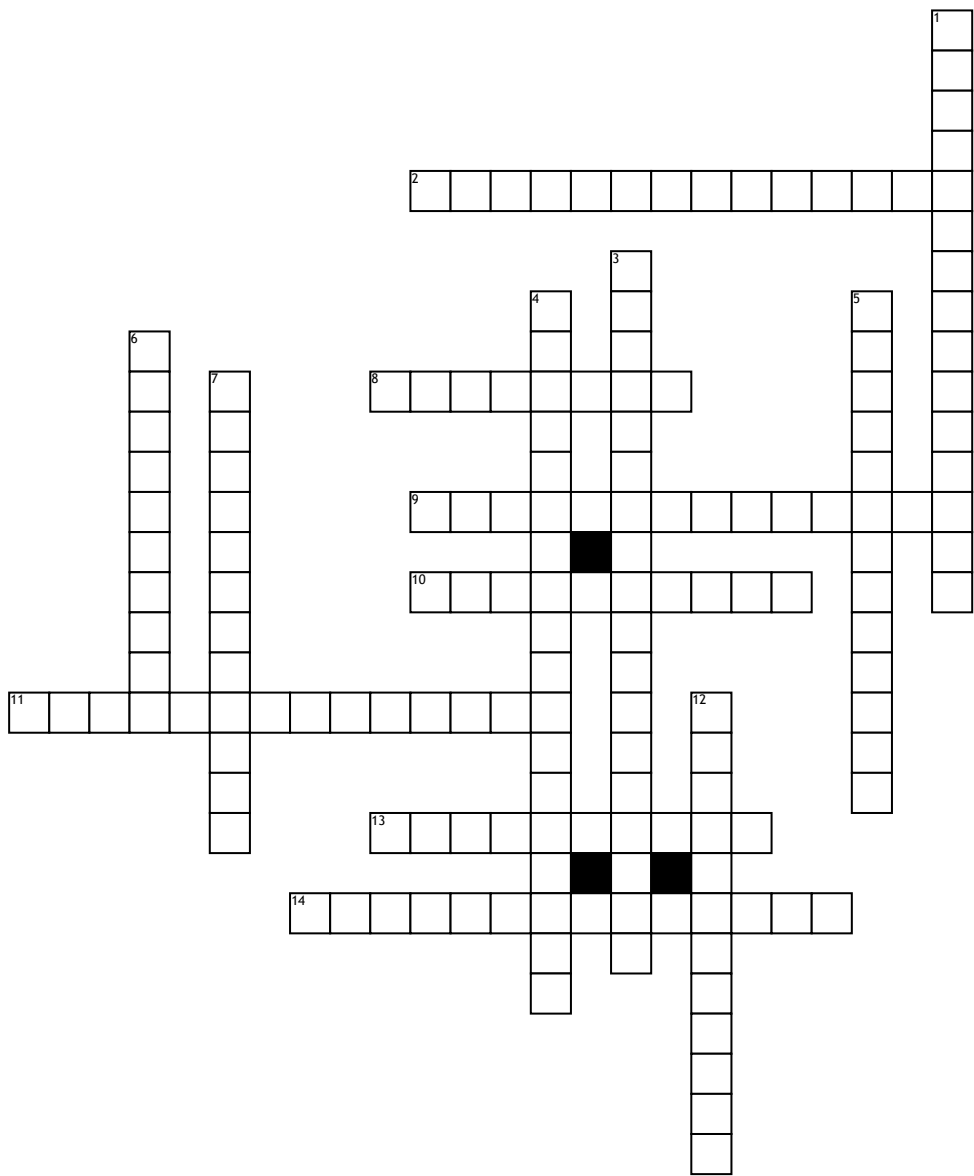


Name: _____

Date: _____

Drivers Ed



Across

- 2. 1
- 8. 12
- 9. 10
- 10. 8
- 11. 7
- 13. 3

14. 6

Down

- 1. 9
- 3. 4
- 4. 11
- 5. 5
- 6. 14

7. 13

12. 2