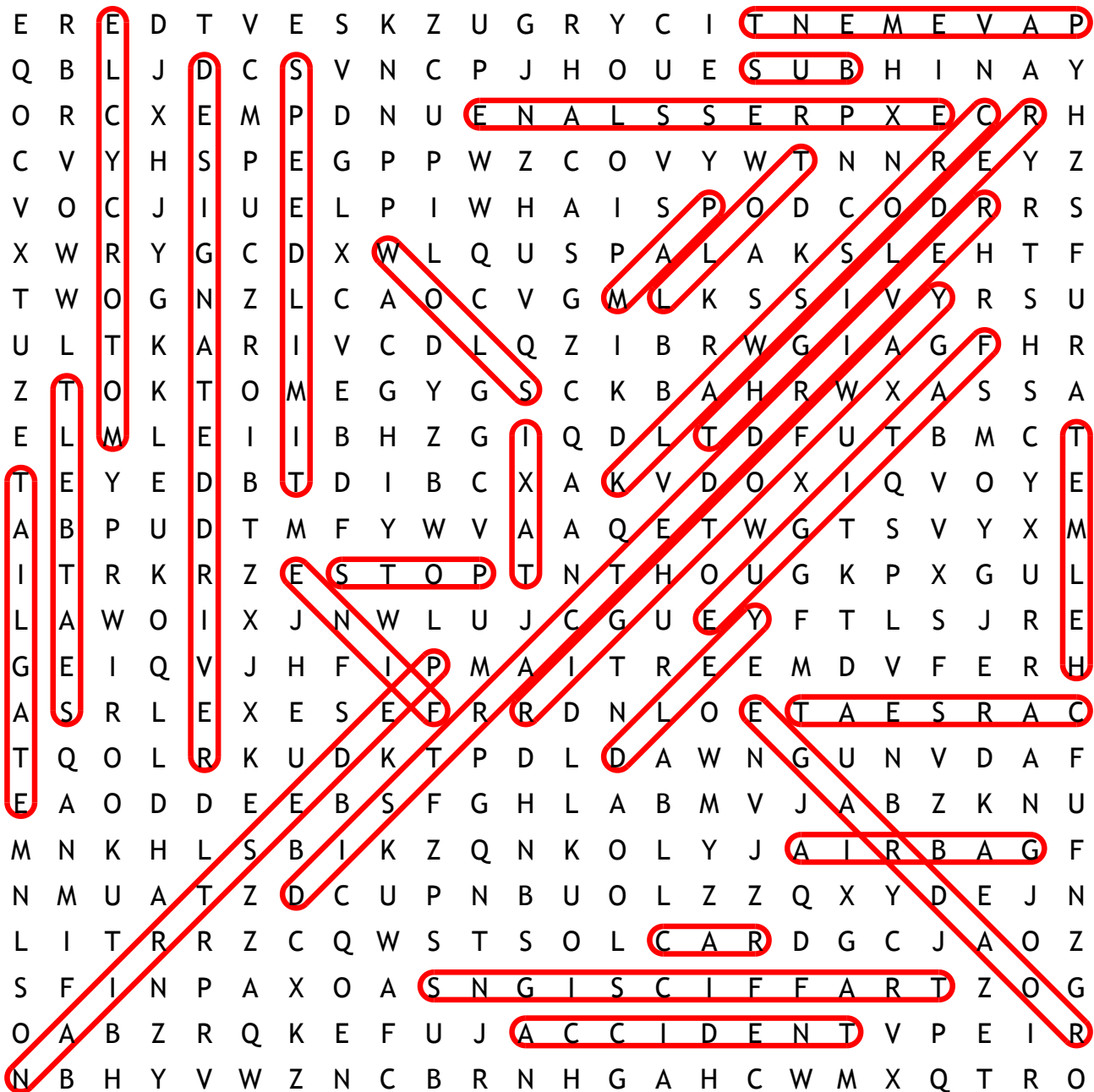


Name: _____

Date: _____

Road Safety



DESIGNATED DRIVER
 RIGHT OF WAY
 CROSSWALK
 CAR SEAT
 FATIGUE
 SLOW
 YELD

DISTRACTED DRIVER
 SPEED LIMIT
 RED LIGHT
 PAVEMENT
 AIRBAG
 STOP
 BUS

TRAFFIC SIGNS
 MOTORCYCLE
 ROAD RAGE
 SEATBELT
 HELMET
 TAXI
 CAR

EXPRESS LANE
 PEDESTRIAN
 ACCIDENT
 TAILGATE
 FINE
 TOLL
 MAP