

Appendix D. Florida Safety Belt Observation Form

SITE NUMBER: _____ SITE: _____

NOTES: _____

DATE: _____ - _____ - _____ DAY OF WEEK: _____

WEATHER CONDITIONS
1 Clear / Sunny **4 Fog**
2 Light Rain **5 Wet But Not**
3 Cloudy **Raining**

DIRECTION OF TRAFFIC FLOW (Circle one): N S E W

START TIME: _____ (Observation period will last exactly 60 minutes)

Veh. #	VEHICLE		DRIVER			PASSENGER			
	Vehicle C = car T = truck S = suv V = van	Sex M = male F = female U = unsure	Age Y = 16-59 O = 60 or older U = unknown	Race W = White B = Black H = Hispanic O = Other U = unsure	Use Y = yes N = no U = unsure	Sex M = male F = female U = unsure	Age C = 15 Y = 16-59 O = 60 or older U = unknown	Race W = White B = Black H = Hispanic O = Other U = unsure	Use Y = yes N = no U = unsure
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