Steer Clear®
Driver's Program
Safety Awareness Program by State Farm®
**Parent/Driver Agreement** (For parents and drivers under age 19)

- **As a parent/guardian, I will:**
  - Try to remember that I was a new driver once too.
  - Be fair and reasonable in my evaluation of your driving privileges.
  - Try to be a better driver and listen to your constructive comments.
  - Be patient and understanding.
  - Give driving directions clearly, calmly and well in advance of the maneuver.
  - Communicate the fact that I care about your safety in a calm and non-emotional way (especially behind the wheel).
  - Listen and try to understand your point of view and concerns.
  - Positively recognize your use of good judgment.

- **Other parent/guardian pledges:**

- **As a newer driver, I will:**
  - Remember that I don’t have a lot of experience, and I need to learn.
  - Never drive under the influence of alcohol or drugs, or ride with a driver who is.
  - Not let anyone else drive my car, unless it is an emergency.
  - Take good care of the car.
  - Always wear my seat belt and insist that passengers do the same.
  - Recognize that any and all traffic or parking tickets I receive are my responsibility.
  - Call you if I’m going to be late or if my plans change.
  - Call home for a ride if I am ever not in a condition to drive (fatigued, emotional or impaired).
  - Pull over to a safe location if I have to use my cell phone for calls, texting, or other applications.
  - Limit distractions in my vehicle.

- **Other newer driver pledges:**

- **We both agree to the above behaviors, privileges and restrictions.**

  Driver’s Name: _____________________________________________________________
  Parent or Guardian Name: ___________________________________________________
  Date: _____________________________________________________________________
Safe Driver Pledge (For drivers age 19 and older)

Please read the Safe Driver Pledge and sign it before you start the Steer Clear program.

• I will be aware of what’s going on around me.
• I will never drive under the influence of drugs or alcohol.
• I will always wear my seat belt and insist my passengers wear theirs in my car.
• I will be courteous and not let my mood affect my driving.
• I will pull over to a safe location when I need to use my cell phone for calls, texting, or other applications.
• I will not drive if I am too tired.
• I will always obey the driving rules and traffic laws.
• I will limit distractions in my vehicle.

Driver’s Name: ________________________________________________
Date: _________________________________________________________

Safe Driving Tips & Facts

Take a few minutes to read through these tips about safe driving. Though you may have heard it all before, when it comes to safety and taking proper precautions, it never hurts to review the facts. Because sometimes, the facts are scary, and hopefully that alone will remind you to always drive responsibly.

♦ Always Wear Your Seat Belt

FACT: Almost 2 out of 3 teens killed as occupants of motor vehicles are unrestrained.¹

♦ Stay Within the Speed Limit and Adjust to Driving Conditions

FACT: In 2005, 38 percent of the male drivers, ages 15 to 20, who were involved in fatal crashes, were speeding at the time of the crash.²

♦ Know That Cars Can Crash Anywhere – Not Just on the Highway

FACT: In 2005, 86 percent of all speeding-related fatal crashes occurred on non-interstate roads and highways.³

♦ Stay Focused on Driving – or Get Out of the Driver’s Seat

FACT: Nearly 80 percent of crashes and 65 percent of near-crashes involved some form of driver inattention within three seconds before the event. Driver inattention includes distracting activities, such as cell phone use and drowsiness.⁴

♦ Whenever You Drive, You Should Scan the Road Constantly

FACT: About 44 percent of crashes involving younger and less experienced drivers involve a failure to correctly scan ahead, to the side or the rear.⁵

Sources:
¹ Children’s Hospital of Philadelpia (2007) Driving: Through the eyes of teens; A research report of the Children’s Hospital of Philadelphia and State Farm Insurance.
Trip Log Instructions

The Trip Log is the most important part of the Steer Clear program, and completing it is how you get your Safe Driver Discount. Follow the Trip Log instructions carefully so you can receive the discount at the end of the program.

How to Use This Trip Log:

1. Take the Pre-Log Driver’s Self-Assessment at the beginning of the Trip Log section.

2. **Drivers under age 19**, complete 20 trips with 15 supervised by a licensed driver over age 25 in the next 60 days. For those with a learner’s permit, all 20 trips must be supervised. Trips should be 15 to 30 minutes in length.

   Parents or an adult driver should complete the Passenger Assessment Logs after trips 10 and 20. Drivers, be sure to take at least two trips as a passenger with a parent or adult driver. Observe their driving and offer your comments after you’ve reached your destination.

   **Drivers ages 19-24 or New Drivers**, complete 5 trips in the next 60 days. Trips should be at least 15 minutes in length. Both driving groups should take a variety of trips, such as ones to work, school or shopping. Also, consider taking trips at various times and during a variety of weather and traffic conditions.

   Both driving groups should take a variety of trips, such as ones to work, school or shopping. Also, consider taking trips at various times and during a variety of weather and traffic conditions.

3. For each trip, complete the Pre-Trip Log (before you leave) and Post-Trip Log (after you arrive).

4. Trips 1-5 and 11-15 have Driving Review Goals pre-selected for you. For trips 6-10 and 16-20, select the Driving Review Goal of your choice from the list in the Trip Log section or create your own. Record it in the Pre-Trip Log. As you drive, pay attention to that particular aspect of your driving.

Trip Log

Okay you’ve read and reviewed everything you need to know, so now you’re ready to begin — finally. Keep the Steer Clear Kit in your car so you can get to the Trip Log easily before and after every trip. As you complete trips, you’ll begin to see how the Trip Log can help you gain insight into your own driving style. Plus, it’s a helpful tool to review your driving skills.

Pre-Log Driver’s Self Assessment Survey

You’re about to take your first trip, but before you do, rate yourself as a driver. What you learn may surprise you. On a scale of 1 to 5, how well does each statement describe you and your driving?

1 = Doesn’t describe my driving at all | 5 = Describes my driving perfectly

- I always wear my seat belt and require my passengers to also.
- I am aware of what’s going on around me.
- I limit distractions in my vehicle.
- I use my turn signals.
- I yield the right of way.
- I maintain speed limits or adjust speeds to suit road conditions.
- I am a courteous driver.
- I never drive under the influence of drugs or alcohol.
- I keep my cool while I’m on the road.
- I anticipate problem drivers.
- I never allow more passengers than there are seat belts in my car.
- I plan ahead appropriately to allow for delays in traveling.
- I pull over to a safe location if I have to use my cell phone for calls, texting, or other applications.
Now take a look at all your answers. Did you circle 3 or less for most of your answers? If so, you should re-evaluate your driving style as you get ready to start the Trip Log portion of the program.

Take a Second to Write Down Some Things You Want to Work on:
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________

Driving Review Goals:
Don’t forget to select a Driving Review Goal before each trip. Or, you can create one yourself.
1. I limit distractions in the vehicle while driving (radio, passengers, food).
2. I turn off my cell phone while driving.
3. I properly prepare for trips before driving (seat, mirrors, head restraints).
4. I always wear a seat belt in the car and make sure my passengers do too.
5. I let aggressive drivers take the right of way.
6. If someone tailgates me, I change lanes or pull off to the side and let them pass.
7. I don’t “punish” slow drivers by tailgating.
8. I never try to beat a yellow light.
9. I plan travel time ahead to maintain the speed limit and arrive on time.
10. At a stop sign, I come to a complete stop and then look left, right, left before proceeding.
11. I drive slower at night, in poor visibility, in residential areas and around school zones.
12. I practice good scanning habits, so I can identify and properly react to or avoid risks or problems.
13. I am aware of pedestrians and cyclists while driving and make sure to give them plenty of room.
14. I always signal before turns and lane changes, even when no cars are present.

Add Additional Driving Goals You Want to Work Toward Here:
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
Trip One

◆ Pre-Trip Log (complete this before you leave)

Date: __________________

This trip is:  Supervised    Unsupervised (Drivers under age 19 only)

Driving goal:  I plan travel time ahead to maintain the speed limit and arrive on time.

Going from: ___________________________________________________________

Going to: ___________________________________________________________

How long do you expect your trip to take? ______________________________

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did the trip take the expected time?  Yes  No

What were the speed limits? ___________________________________________

Did you exceed the speed limit?  Yes  No

What affected your travel time? _________________________________________

______________________________________________________________

______________________________________________________________

What would you do differently? _______________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Tip: Plan ahead appropriately to allow for delays in traveling.
Trip Two

◆ Pre-Trip Log (complete this before you leave)

Date: ________________

This trip is: Supervised Unsupervised (Drivers under age 19 only)

Driving goal: Limit distractions while driving and turn off cell phones.

Are your cell phones or other personal electronic devices **ON** or **OFF**?

Who are your intended passengers?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you use your cell phone while driving? Yes No

How many passengers did you have?

Did your passengers distract you? Yes No

If so, how?

Did you eat while driving? Yes No

What distractions did occur while you were driving?

What are ways to limit distractions?

Tip: Avoid distractions—radios and cell phones take your attention off the road.
Trip Three

◆ Pre-Trip Log (complete this before you leave)

Date: ____________________

This trip is:    Supervised    Unsupervised (Drivers under age 19 only)

Driving goal:    Properly prepare your vehicle for trips and always wear a seat belt.

Is everyone in the vehicle buckled up?    Yes       No

Does your head make full contact with the head restraint?    Yes       No

Did you adjust your rearview and side mirrors to minimize blind spots?    Yes       No

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Why is it important that everyone in your vehicle wear a seat belt? ____________________

__________________________________________

What other vehicle preparations could you have made before your trip? ____________________

__________________________________________

Did you continually check your mirrors while driving?    Yes       No

Why is it important that you prepare your vehicle before each trip? ____________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Tip: Buckle up—seat belts save lives.
Trip Four

◆ Pre-Trip Log (complete this before you leave)

Date: __________________

This trip is: Supervised  Unsupervised (Drivers under age 19 only)

Driving goal: Practice good scanning habits and always be aware of hazards.

What type of hazards do you expect to see on your trip? _____________________________

Before you put your vehicle in motion, have you scanned your surroundings?  Yes  No

◆ Post-Trip Log (complete this after you’ve returned from your trip)

What type of hazards did you detect during your trip? _____________________________

______________________________________________________________________________

How did you react to the hazards you detected? _________________________________

______________________________________________________________________________

How many posted speed limit signs did you see on your trip? _______________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Tip: Look well ahead of the cars in front of you to detect any changes or risks.
Trip Five

♦ Pre-Trip Log (complete this before you leave)

Date: ________________

This trip is: Supervised Unsupervised (Drivers under age 19 only)

Driving goal: Always drive defensively and be aware of aggressive drivers.

How do you deal with an aggressive driver behind you? ________________________________

Are you in a hurry? Yes No

What is your state of mind before your trip?

Anxious Relaxed Upset Neutral Other

♦ Post-Trip Log (complete this after you’ve returned from your trip)

How did your mood affect your driving? ________________________________

Did you adjust your speed to accommodate the driving conditions (weather, light, residential area)? Yes No

Did you encounter an aggressive driver during your trip? Yes No

If so, how did you handle the situation? ________________________________

What distance did you maintain from the car in front of you? ________________________________

Tip: If you can, avoid driving in bad weather, congested traffic or after dark.
Hey, Drivers 19 and older

After Trip #5, you’re done with the Trip Log portion of the program. Now go to the Completing the Program section on page 31 to take the Post-Log Driver’s Assessment survey.

Drivers under age 19, continue on page 12.
Trip Six

♦ Pre-Trip Log (complete this before you leave)

Date: ___________________

This trip is:   Supervised   Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

____________________________________________________________________________

Going from: _______________ to: _______________

Is everyone in the vehicle buckled up?   Yes   No

Are your cell phones or other personal electronic devices ON or OFF?

♦ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip?   Yes   No

How did you manage the distractions in your vehicle? ___________________________________________________________________

____________________________________________________________________________

Briefly summarize a lesson learned from this trip: ___________________________________________________________________

____________________________________________________________________________

Other comments, thoughts or observations from this trip: ___________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Tip: No driving under the influence – this can impair your reaction time.
Trip Seven

◆ Pre-Trip Log (complete this before you leave)

Date: ________________

This trip is: Supervised Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

________________________________________________________________________

Going from: ________________ to: ________________

Is everyone in the vehicle buckled up? Yes No

Are your cell phones or other personal electronic devices ON or OFF?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip? Yes No

How did you manage the distractions in your vehicle? __________________________________________________________________________

________________________________________________________________________

Briefly summarize a lesson learned from this trip: __________________________________________________________________________

________________________________________________________________________

Other comments, thoughts or observations from this trip: __________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Tip: Pull over if you’re tired – fatigue slows reaction time.
Trip Eight

◆ Pre-Trip Log (complete this before you leave)

Date: ____________________

This trip is: Supervised    Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

________________________________________________________________________________

Going from: _______________ to: _______________

Is everyone in the vehicle buckled up?    Yes    No

Are your cell phones or other personal electronic devices ON or OFF?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip?    Yes    No

How did you manage the distractions in your vehicle?

________________________________________________________________________________

Briefly summarize a lesson learned from this trip:

________________________________________________________________________________

Other comments, thoughts or observations from this trip:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Tip: Adopt a code word to allow you to ask for help from a parent or friend without embarrassment.
Trip Nine

◆ Pre-Trip Log (complete this before you leave)

Date: ______________________

This trip is: Supervised Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

________________________________________________________________________

Going from: _____________ to: _____________

Is everyone in the vehicle buckled up? Yes No

Are your cell phones or other personal electronic devices ON or OFF?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip? Yes No

How did you manage the distractions in your vehicle? ____________________________________________________________________________

________________________________________________________________________

Briefly summarize a lesson learned from this trip: ________________________________________________

________________________________________________________________________

Other comments, thoughts or observations from this trip: _______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Tip: Drive safely: 58 out of 100 new drivers get into a crash in the first year.
**Trip Ten**

♦ **Pre-Trip Log** *(complete this before you leave)*

Date: __________________

This trip is: Supervised  Unsupervised *(Drivers under age 19 only)*

Driving goal: *(choose a goal from page 5 or create your own)*

Going from: ___________ to: ___________

Is everyone in the vehicle buckled up?  Yes  No

Are your cell phones or other personal electronic devices **ON** or **OFF**?

♦ **Post-Trip Log** *(complete this after you’ve returned from your trip)*

Did you achieve the driving goal(s) for this trip?  Yes  No

How did you manage the distractions in your vehicle? ______________________________

Briefly summarize a lesson learned from this trip: ______________________________

Other comments, thoughts or observations from this trip: ______________________________

♦ **Tip**: Drive smart: 16-year-olds are 20 times more likely than an adult to die in an automobile crash.
**Passenger Assessment Log #1** (For parents or driving supervisors of drivers under age 19)

The driver you’re evaluating has just completed Trip #10. During those trips, the driver has likely encountered a lot on the road. That’s why now’s a good time to review the driver’s progress. Some time soon, let the driver use this log to evaluate your driving too.

**Reviewing passenger name:**

**Date:** ________________

**Relationship to driver:**  
Parent/Child  
Friend  
Other

**Did the driver ask you to put on a seat belt?**  
Yes  
No

**Did the driver limit distractions?**  
Yes  
No

**How does the driver deal with aggressive drivers?**  
Yields  
Fights  
Ignores

**Was the driver always aware of his/her speed?**  
Yes  
No

**Did the driver stay within the speed limit?**  
Yes  
No

**Did the driver use signals when turning and changing lanes?**  
Yes  
No

**Two words that describe the person’s driving style?**  
__________________________________________ &  
__________________________________________

**Did you feel safe riding with the driver?**  
Yes  
No

**How can this driver become an even safer driver?**  
__________________________________________

__________________________________________

__________________________________________

**Other comments:**  
__________________________________________

__________________________________________

__________________________________________

__________________________________________
Trip Eleven

◆ Pre-Trip Log *(complete this before you leave)*

**Date:** ________________________

**This trip is:**  Supervised       Unsupervised *(Drivers under age 19 only)*

**Driving goal:**  I plan travel time ahead to maintain the speed limit and arrive on time.

**Going from:** ____________________________________________________________

**Going to:** ______________________________________________________________

**How long do you expect your trip to take?** _________________________________

◆ Post-Trip Log *(complete this after you’ve returned from your trip)*

**Did the trip take the expected time?**  Yes    No

**What were the speed limits?** ____________________________________________

**Did you exceed the speed limit?**  Yes    No

**What affected your travel time?** _________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

**What would you do differently?** _________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

◆ Tip: Think driving fast is cool? Think again. Speed kills, and since when is being dead cool?
Trip Twelve

✿ Pre-Trip Log (complete this before you leave)

Date: ____________________

This trip is: Supervised Unsupervised (Drivers under age 19 only)

Driving goal: Limit distractions while driving and turn off cell phones.

Are your cell phones or other personal electronic devices **ON** or **OFF**?

Who are your intended passengers? ________________________________________

✿ Post-Trip Log (complete this after you’ve returned from your trip)

Did you use your cell phone while driving? Yes No

How many passengers did you have? ________________________________________

Did your passengers distract you? Yes No

If so, how? _________________________________________________________________

Did you eat while driving? Yes No

What distractions did occur while you were driving? _____________________________

What are ways to limit distractions? ___________________________________________

Tip: Know your passengers and always keep them under control while driving.
Trip Thirteen

Pre-Trip Log (complete this before you leave)

Date: ____________________

This trip is: Supervised    Unsupervised (Drivers under age 19 only)

Driving goal: Properly prepare your vehicle for trips and always wear a seat belt.

Is everyone in the vehicle buckled up? Yes   No

Does your head make full contact with the head restraint? Yes   No

Did you adjust your rearview and side mirrors to minimize blind spots? Yes   No

Post-Trip Log (complete this after you’ve returned from your trip)

Why is it important that everyone in your vehicle wear a seat belt? ________________________________

What other vehicle preparations could you have made before your trip? ________________________________

Did you continually check your mirrors while driving? Yes   No

Why is it important that you prepare your vehicle before each trip? ________________________________

Tip: Be sure all passengers, front and back seat, are buckled up before you start to drive.
Trip Fourteen

◆ Pre-Trip Log (complete this before you leave)

Date: ______________________

This trip is: Supervised    Unsupervised (Drivers under age 19 only)

Driving goal: Practice good scanning habits and always be aware of hazards.

What type of hazards do you expect to see on your trip? ________________________________

Before you put your vehicle in motion, have you scanned your surroundings?    Yes      No

◆ Post-Trip Log (complete this after you’ve returned from your trip)

What type of hazards did you detect during your trip? ________________________________

How did you react to the hazards you detected? ________________________________

How many posted speed limit signs did you see on your trip? ________________________________

◆ Tip: Maintain a safety zone around your vehicle at all times.
Tip: Limit nighttime driving – most serious teen crashes occur at night.
Trip Sixteen

◆ Pre-Trip Log (complete this before you leave)

Date: __________________

This trip is: Supervised    Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

__________________________________________________________________________

Going from: _____________ to: _____________

Is everyone in the vehicle buckled up?   Yes    No

Are your cell phones or other personal electronic devices ON or OFF?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip?   Yes    No

How did you manage the distractions in your vehicle?  ___________________________

__________________________________________________________________________

Briefly summarize a lesson learned from this trip: ______________________________

__________________________________________________________________________

Other comments, thoughts or observations from this trip: _______________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Tip: Adopt a parent/teen contract that defines expectations and consequences.
Trip Seventeen

◆ Pre-Trip Log (complete this before you leave)

Date: __________________

This trip is: Supervised  Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

__________________________________________________________

Going from: _______________ to: _______________

Is everyone in the vehicle buckled up?  Yes  No

Are your cell phones or other personal electronic devices ON or OFF?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip?  Yes  No

How did you manage the distractions in your vehicle? ______________________________

__________________________________________________________

Briefly summarize a lesson learned from this trip: ______________________________

__________________________________________________________

Other comments, thoughts or observations from this trip: ______________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Tip: Always scan for potential hazards and important roadside cues and information that can help you stay safe.
Trip Eighteen

◆ Pre-Trip Log (complete this before you leave)

Date: ___________________

This trip is: Supervised Unsupervised (Drivers under age 19 only)

Driving goal: (choose a goal from page 5 or create your own)

____________________________________________________________

Going from: ______________ to: ______________

Is everyone in the vehicle buckled up? Yes No

Are your cell phones or other personal electronic devices ON or OFF?

◆ Post-Trip Log (complete this after you’ve returned from your trip)

Did you achieve the driving goal(s) for this trip? Yes No

How did you manage the distractions in your vehicle? __________________________________________________________________

_____________________________________________________________________________________________________________________

Briefly summarize a lesson learned from this trip: ______________________________________________________________________

_____________________________________________________________________________________________________________________

Other comments, thoughts or observations from this trip: __________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

CLI: Ensure you are familiar with the vehicle’s controls before driving.
Tip: Take a moment before you start your trip to adjust your side and rearview mirrors to the correct position.
**Trip Twenty**

- **Pre-Trip Log** *(complete this before you leave)*

  Date: ________________

  This trip is:  Supervised  Unsupervised *(Drivers under age 19 only)*

  Driving goal: *(choose a goal from page 5 or create your own)*

  ______________________________________________________________

  Going from: ________________ to: ________________

  Is everyone in the vehicle buckled up?  Yes  No

  Are your cell phones or other personal electronic devices **ON** or **OFF**?

- **Post-Trip Log** *(complete this after you’ve returned from your trip)*

  Did you achieve the driving goal(s) for this trip?  Yes  No

  How did you manage the distractions in your vehicle?  ______________________________________________________________

  Briefly summarize a lesson learned from this trip:  ______________________________________________________________

  Other comments, thoughts or observations from this trip:  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

  ______________________________________________________________

- **Tip:** One of the biggest hazards at intersections is making left turns. It takes proper positioning, patience and planning.
Your support has likely been a big help to the driver. Plus, your own safe driving skills have set a good example for the driver to follow now and in the future. Assess them one last time and remind them to remember the lessons they’ve learned throughout the program.

**Passenger Assessment Log #2** *(For parents or driving supervisors of drivers under age 19)*

Reviewing passenger name:

<table>
<thead>
<tr>
<th>Date: ________________</th>
</tr>
</thead>
</table>

Relationship to driver:  
Parent/Child  
Friend  
Other

Did the driver ask you to put on a seat belt?  
Yes  
No

Did the driver limit distractions?  
Yes  
No

How does the driver deal with aggressive drivers?  
Yields  
Fights  
Ignores

Was the driver always aware of his/her speed?  
Yes  
No

Did the driver stay within the speed limit?  
Yes  
No

Did the driver use signals when turning and changing lanes?  
Yes  
No

Two words that describe the person’s driving style?

________________________ & __________________________

Did you feel safe riding with the driver?  
Yes  
No

How can this driver become an even safer driver?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Hey, Drivers Under Age 19!

You’re done with the Trip Log portion of the program. Now go to the Completing the Program section on page 30 to take the Post-Log Driver’s Self-Assessment survey.
Completely the Program

You’ve done a lot of hard work, and you’re almost finished. But, there’s one last thing you need to do … take the Post Log-Driver’s Self-Assessment survey.

Post-Log Driver’s Self-Assessment Survey

By now you’ve encountered all kinds of drivers, weather and traffic conditions, and other obstacles on the road. Are you better prepared for what’s to come the next time you’re on the road? Find out by taking the Post-Log Self-Assessment survey. On a scale of 1 to 5, how well does each statement describe you and your driving?

1 = Doesn’t describe my driving at all | 5 = Describes my driving perfectly

1. I always wear my seat belt and require my passengers to also. 1 2 3 4 5
2. I am aware of what’s going on around me. 1 2 3 4 5
3. I limit distractions in my vehicle. 1 2 3 4 5
4. I use my turn signals. 1 2 3 4 5
5. I yield the right of way. 1 2 3 4 5
6. I maintain speed limits or adjust speeds to suit road conditions. 1 2 3 4 5
7. I am a courteous driver. 1 2 3 4 5
8. I never drive under the influence of drugs or alcohol. 1 2 3 4 5
9. I keep my cool while I’m on the road. 1 2 3 4 5
10. I anticipate problem drivers. 1 2 3 4 5
11. I never allow more passengers than there are seat belts in my car. 1 2 3 4 5
12. I plan ahead appropriately to allow for delays in traveling. 1 2 3 4 5

Rate Yourself as a Driver:

1 2 3 4 5
Not Very Good Fair Average Good Excellent

Make sure you compare your Pre-Log answers to your Post-Log answers. Did your responses change? What have you learned about yourself and your driving abilities? You can write your comments in the spaces below. Drivers under age 19, ask your parent or adult driver to give their feedback too.

In which areas did you see the most improvement?

1. 

2. 

3. 
What areas do you still need to work on?

1. 

2. 

3. 

CONGRATULATIONS!
You’re all done. Okay, now whaddya’ do? You should visit your State Farm agent. Your agent will talk to you about the program and review your Trip Log. Plus, if everything looks good, you’ll get the Steer Clear Safe Driver Discount.

Thanks for participating in the Steer Clear Driver’s Program!

Notes:
Policyholder’s Name

Qualifying Driver(s) Name(s)

Policy Number

Steer Clear Discount Initial Requirements
1. Qualifying driver(s) have maintained an accident-free and moving violation-free driving record in the past three years,*
2. Qualifying driver(s) have completed the educational and driving log requirements in good faith, and
3. All private passenger automobiles in the household are insured with State Farm Automobile Insurance Company, State Farm Fire and Casualty Company, State Farm Indemnity Company, State Farm Guaranty Company.**

To Maintain Steer Clear Discount
1. Qualifying driver(s) continue to maintain an accident-free and moving violation-free driving record.*
2. Qualifying driver(s) should complete Second Education material received prior to 21st birthday.

Applicant’s Statement
I have met the initial requirements for the Steer Clear safe driver discount and understand that I will lose the discount if I am involved in an at-fault accident or receive a moving violation. The discount will also be removed when I am 25 years old or sooner if I am classified as an adult prior to that age.

Signature of Qualifying Driver ____________________________ Date ___________

Signature of Qualifying Driver ____________________________ Date ___________

Signature of Qualifying Driver ____________________________ Date ___________

________________________________________ Date ___________
Signature of Parent/Guardian/Named Insured (if qualifying driver is under age 18)

________________________________________
Agent Name and Code

*In some states, certain accidents and moving violations may not disqualify you.
**In some states, this requirement does not apply.