

Steer Clear[®]

Driver's Program

Safety Awareness Program by State Farm[®]



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 Philadelphia (2007) *Driving: Through the eyes of teens; A research report of the Children's Hospital of Philadelphia and State Farm Insurance.*

² National Highway Traffic Safety Administration (2006). Traffic Safety Facts, 2005 Data: Speeding, DOT HS 810 629.

³ National Highway Traffic Safety Administration (2006). Traffic Safety Facts, 2005 Data: Speeding, DOT HS 810 629.

⁴ National Highway Traffic Safety Administration (2006). NHTSA, Virginia Tech Transportation Institute Release Findings of Breakthrough Research on Real World Driver Behavior, Distraction and Crash Factors, media release dated Thursday, April 20, 2006.

⁵ McKnight, AJ and McKnight, AS (2003) Young drivers: careless or clueless? In *Accident Analysis and Prevention* 35 (2003) 921-925.

→ 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.	1 2 3 4 5
I am aware of what's going on around me.	1 2 3 4 5
I limit distractions in my vehicle.	1 2 3 4 5
I use my turn signals.	1 2 3 4 5
I yield the right of way.	1 2 3 4 5
I maintain speed limits or adjust speeds to suit road conditions.	1 2 3 4 5
I am a courteous driver.	1 2 3 4 5
I never drive under the influence of drugs or alcohol.	1 2 3 4 5
I keep my cool while I'm on the road.	1 2 3 4 5
I anticipate problem drivers.	1 2 3 4 5
I never allow more passengers than there are seat belts in my car.	1 2 3 4 5
I plan ahead appropriately to allow for delays in traveling.	1 2 3 4 5
I pull over to a safe location if I have to use my cell phone for calls, texting, or other applications.	1 2 3 4 5

◆ **Rate Yourself as a Driver:**

1

Not Very Good

2

Fair

3

Average

4

Good

5

Excellent

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.**

Trip Fifteen

◆ **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: 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: _____

◆ **Tip: Ensure you are familiar with the vehicle's controls before driving.**

Trip Nineteen

◆ **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: 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.**

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

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.

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: _____

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.

→ **Completing 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

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

◆ **Rate Yourself as a Driver:**

1

Not Very Good

2

Fair

3

Average

4

Good

5

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. _____



State Farm Mutual Automobile Insurance Company
 State Farm Fire and Casualty Company
 State Farm Indemnity Company
 State Farm Guaranty Insurance Company

Statement for Qualification for Steer Clear® Discount

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 _____

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

 Agent Name and Code

**In some states, certain accidents and moving violations may not disqualify you.*

***In some states, this requirement does not apply.*