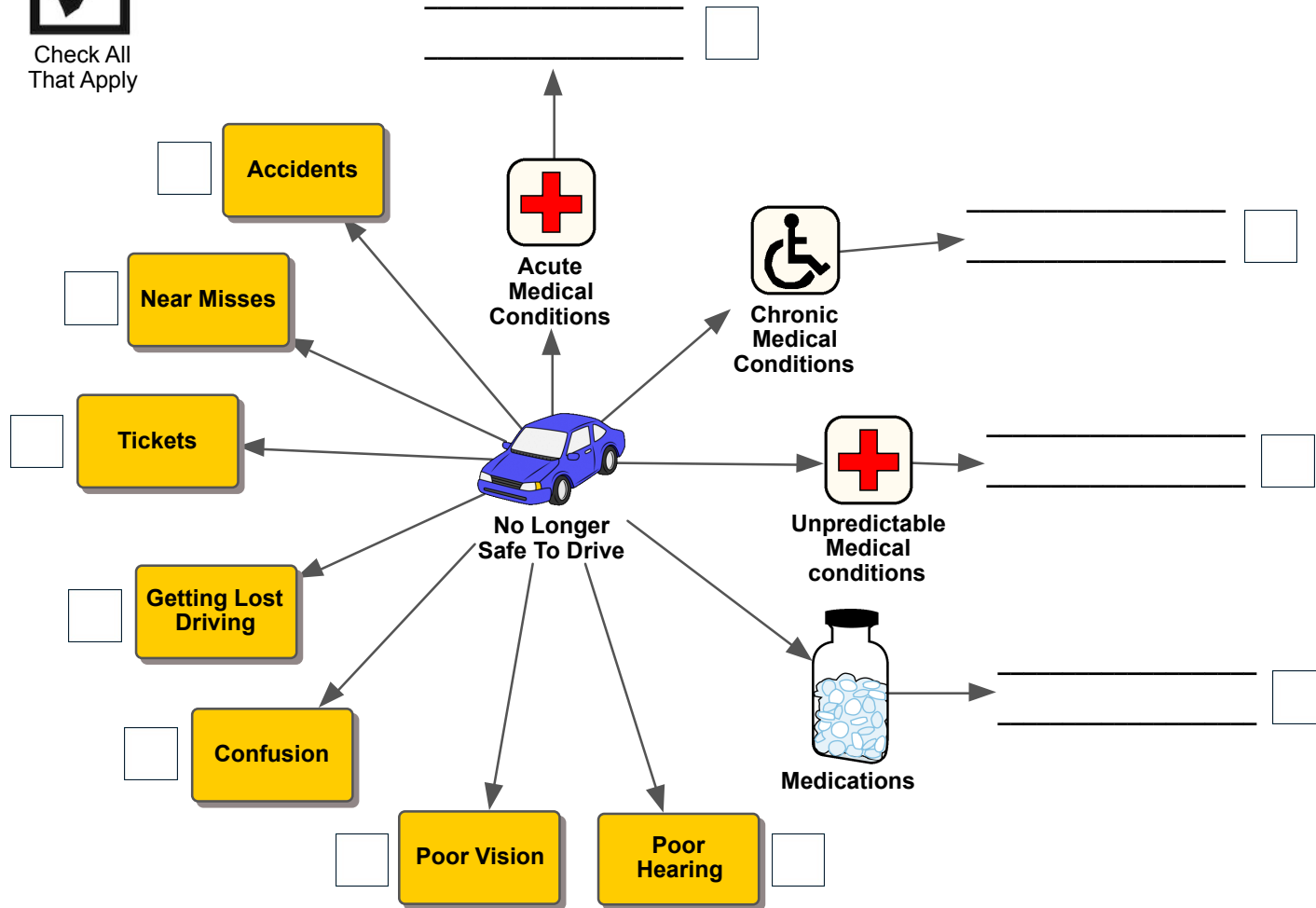


No Longer Safe To Drive Mind Map

Name _____



Check All
That Apply



Completed by: _____

Date: _____