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PARENT-YOUTH SAFE DRIVING CONTRACT

Teen drivers have the highest crash risk of any age group. Per mile traveled, they have the highest involvement rates in all types of crashes, from those involving only property damage to those that are fatal. The problem is worst among youth in their first year of driving, who have the most limited driving experience and an immaturity that often results in risk-taking behind the wheel.

http://www.iihs.org/brochures/pdf/beainning_drivers.pdf

Parents/guardians, you are concerned about your youth's safety. As role models of behaviour, especially driving behaviour, your son/daughter may interpret any unsafe driving behaviour they see you do as acceptable for them to do. Please consider the example you set.

Youth, you are watching your parents' driving behaviours for differences between what they say and what they do. You may be comparing what you've learned in driver's education to what you see them doing. You may feel that whatever your parents expect of you, you should be able to expect of them.

The *I Promise Program* has been developed together with youth, parents, and community members to help families address issues that relate most to new or young driver car crashes. The *I Promise Program* respects your family's unique relationship and is a tool to help you discuss safe driving issues.

The I Promise Program Contract gives your family the freedom to set your own conditions. The Contract highlights several issues regarding driving and responsibilities. It is recommended that you complete the contract together, discussing and negotiating each issue, and ultimately deciding which issues best fit your family by checking the box beside the item. By entering into this contract, you are bound by your agreement to each other to drive safely.

I Promise Program Inc. grants permission for parents or youths to print one copy of the Parent-Youth Safe Driving Contract for personal use. Permission must be obtained from I Promise Program Inc. to print multiple copies.



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Car crashes are the leading cause of death and permanent injury in youth. Make a promise to drive safely

(youth's name), acknowledge and respect that driving privileges are granted at my parents' discretion as outlined in this contract, and always remains granted, subject to their discretion.		
acknowledge that as parent or guardian, I am a role model with respect to driving behaviour and will therefore drive in a responsible manner I agree to trust my son/daughter and help him/her through difficult situations in as calm and non-judgmental manner as possible.		
In an emergency, I am to be notified as soon as possible. Should my son or daughter call for assistance, I agree to help wherever possible. I agree to accept a phone call at any hour and to provide transportation in order to avoid a dangerous situation. I acknowledge that I am responsible for contacting the local police department as required by law and to contact our nsurer as required by the terms of our insurance policy in the event of a collision.		
will ensure the vehicle is in proper mechanical order before allowing its use by my son/daughter. I will ensure there is an emergency road kit in the vehicle and that any used tems are re-stocked immediately.		
The following emergency road kit items include those recommended by a survey of police and driving instructors. For the comprehensive list, please see the report, <u>I s Your Teen Prepared</u> , on the <i>I Promise Program</i> website: www.ipromiseprogram.com . Please check the items you deem necessary:		
<pre>cell phone; [] first aid kit; [] flashlight; [] ice scraper; [] blanket; [] pen/paper; flares; [] water; [] emergency numbers; [] insurance certificate; [] jumper cables; assorted tools; [] fire extinguisher; [] spare tire; [] jack; [] registration. Other:</pre>		



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Youth are 3-4 times more likely to be involved in a car crash than any other age group.

WE PROMISE TO ACCEPT THE TERMS OF THE CONTRACT AS INDICATED BY THE CHECKED BOXES

~~~~

Check off the items you agree on:

| Youth | Parent     |                                                                                                                                                                                                                                                  |
|-------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| []    | [ ]<br>[ ] | WE PROMISE TO DRIVE SOBER AND DRUG-FREE We will not drive if we have been drinking or using drugs. We will only be a passenger in a vehicle where the driver is sober and drug-free. We agree that someone will always be a "designated driver". |
|       |            | WE PROMISE TO WEAR SEAT BELTS                                                                                                                                                                                                                    |
| [ ]   | [ ]        | We agree that all occupants will wear seatbelts correctly at all times.                                                                                                                                                                          |
| [ ]   | [ ]        | We agree that younger children and infants will use an appropriate child safety restraint system installed exactly in accordance with both vehicle and manufacturer's instruction.                                                               |
|       |            | WE PROMISE TO DRIVE DEFENSIVELY                                                                                                                                                                                                                  |
| [ ]   | [ ]        | We will obey all traffic laws.                                                                                                                                                                                                                   |
| [ ]   | [ ]        | If an infraction occurs while we are driving, we will assume full responsibility                                                                                                                                                                 |
| [ ]   | [ ]        | for all penalties/fines.  We acknowledge that there are other more vulnerable road users such as                                                                                                                                                 |
|       |            | cyclists and pedestrians on the road.                                                                                                                                                                                                            |
| []    | [ ]        | We will drive allowing for a safe margin of space between vehicles and share the road accordingly.                                                                                                                                               |
|       |            | WE PROMISE TO KEEP OUR MIND ON THE ROAD  Carrying passengers and driving between 12:00am and 5:00am  greatly increases crash death rates for new young drivers!                                                                                  |
| [ ]   | [ ]        | We agree to limit our son or daughter's number of passengers to:                                                                                                                                                                                 |
| [ ]   | [ ]        | We agree son or daughter will be restricted from driving between the nighttime hours of and                                                                                                                                                      |
| [ ]   | [ ]        | We agree the limit on passengers and nighttime driving hours will be reviewed as driving experience develops. Date of review:                                                                                                                    |



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Sixteen year-olds' fatal crashes are more likely to occur when other teenagers are in the car. The risk increases with each additional passenger.

| Youth | Parent | Cell Phone / Music / Smoking / Eating                                                                                                                                                              |
|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [ ]   | [ ]    | We agree to pull off the road to use a cell phone.                                                                                                                                                 |
| [ ]   | [ ]    | We agree to keep interior volume at a level so that outside sounds, such as other                                                                                                                  |
|       |        | vehicles and most importantly sirens, are heard.                                                                                                                                                   |
| [ ]   | [ ]    | We agree not to smoke while driving.                                                                                                                                                               |
| [ ]   | [ ]    | We agree to not eat or drink beverages while driving.                                                                                                                                              |
|       |        | Sleep Deprivation / Mood / Running Late / Physical Health                                                                                                                                          |
| [ ]   | [ ]    | We understand that driving while tired, angry, upset, late, or sick can affect my driving.                                                                                                         |
| [ ]   | [ ]    | We agree not to drive if our physical or psychological condition impairs our driving.                                                                                                              |
| [ ]   | [ ]    | Hazardous Conditions / Weather / Construction / Traffic We will be aware of environmental conditions that may affect driving, and will adjust driving or pull over, as necessary.                  |
|       |        | WE PROMISE TO BE RESPONSIBLE FOR THE CAR'S CARE Maintenance: Wiper Fluid, Tire Pressure, Cleanliness, Location of Keys We agree that our son or daughter accepts responsibility for the following: |
| [ ]   | [ ]    | Gasoline:                                                                                                                                                                                          |
| [ ]   | [ ]    | Oil Changes:                                                                                                                                                                                       |
| [ ]   | [ ]    | General Maintenance:                                                                                                                                                                               |
| [ ]   | [ ]    | I nsurance:                                                                                                                                                                                        |
|       |        | Other:                                                                                                                                                                                             |
|       |        | Registered Vehicle Owner                                                                                                                                                                           |
| [ ]   | [ ]    | We agree that our son or daughter will not permit anyone else to drive the                                                                                                                         |
|       |        | vehicle without permission of the vehicle's registered owner, or as directed by parent/guardian.                                                                                                   |
| [ ]   | [ ]    | We agree care and control of the vehicle may be transferred to another capable person if it is required by an emergency situation to maintain one's safety.                                        |
|       |        | Review                                                                                                                                                                                             |
| [ ]   | [ ]    | We agree to review the terms of the entire contract on a regular basis during the first year of driving. (Every 3 months is recommended.)  Date of First Review:                                   |



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New drivers learn by example, so practice safe driving. Teens with crashes and violations often have parents with poor driving records.

#### PARENT-YOUTH SAFE DRIVING CONTRACT

| We a  | gree to abide by the terms set out in this contrac | ct.                                                               |             |  |  |
|-------|----------------------------------------------------|-------------------------------------------------------------------|-------------|--|--|
|       | Signature of Youth                                 |                                                                   | Date        |  |  |
|       |                                                    |                                                                   |             |  |  |
|       | Signature of Parent or Guardian                    |                                                                   | Date        |  |  |
|       | Signature of Parent or Guardian                    | -                                                                 | Date        |  |  |
| For m | For more information about the I Promise Program:  |                                                                   |             |  |  |
|       | Web site:                                          | www.ipromiseprogram                                               | <u>.com</u> |  |  |
|       | Address:                                           | I Promise Program<br>20 Suter Crescent<br>Dundas, Ontario, Canada | L9H 6R5     |  |  |

<u>Disclaimer</u>: Participation in the *I Promise Program* will not guarantee to keep you safe from car crashes. Safety resides with the motor vehicle operator at all times. *I Promise Program* is not a roadside assistance or emergency-response service. You are advised to contact local police, fire department, ambulance or other roadside emergency service providers where otherwise required or reasonable in the circumstance.

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Even when using the best of driving practices, crashes can occur. The following information advises what to do in case of a crash. This information was compiled in cooperation with police and driving instructors across North America. Parents, guardians and young drivers are advised to discuss these procedures with local law enforcement officers in their jurisdiction.

The last page may be placed in the glove compartment of your vehicle in case of collision. Again, parents, guardians and young drivers are advised to check with either local law enforcement officers and/or their insurer to determine if the form is sufficient for their needs.



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# In Case of Collision (As recommended by police and driving instructors in response to survey.)

- 1. After impact and the car has come to a full stop, remain calm and assess the situation. Look at yourself and passengers to determine if there are any injuries. Look out at the other vehicle and roadway to determine if there is a risk to yourself or others.
- 2. In the event of an injury, render life saving first aid if you are qualified to do so and if it is safe to do so. At the same time, or as soon as possible, you or a bystander should call EMS (Emergency Medical Services), then your local law enforcement agency. In most areas, dialing 911 on a cell phone or any other telephone can place emergency calls.
- 3. Some jurisdictions require you by law to move your vehicle off the traveled portion of the roadway as part of a "quick clearance policy" while others prefer for the vehicle to be left in place to review as part of the investigation, as long as it is safe to do so. Check with your local law enforcement office on this matter in advance. However, safety considerations and good judgment will remain important in determining whether or not to move the vehicle in any given situation. Safety considerations should prevail.
- 4. Set up road flares or other emergency signaling device to alert other drivers of the road hazard. Take caution however with road flares in the event of gas spills and leaking fuel tanks. Flares should be set up a safe distance from the vehicle and many law enforcement agencies recommend setting up "red reflective triangles" instead of using flares. Another motorist or bystander can stand at the side of the roadway and caution other motorists to slow down, coming upon the scene.
- 5. If you are in a high traffic area and it is not safe to leave the vehicle, remain in your seat with your seat belt fastened. If it is safe to leave the vehicle and your vehicle is un-operational, leave the vehicle and get off the roadway a safe distance from the traveled portion of the roadway.
- 6. Once the crash scene is stabilized, do not discuss fault with the other driver(s). A discussion of fault with the other driver(s) can lead to arguments, which in itself can pose a danger given the heightened emotions with the situation at hand. It is appropriate at this point to exchange information such as license plate number, insurer, policy number, phone and address. Be sure photo identification matches the person. It is also appropriate at this point to obtain similar information from witnesses (a witness being anyone other than who was in any of the vehicles involved in the crash).
- 7. Cooperate completely with law enforcement personnel and EMS personnel. They are there to help you. Provide all the information they require and follow their instruction. The law enforcement officer will record facts of the incident, take statements and write citations based upon observed violations of the law. Your insurer or lawyer may use this information to assess fault and liability.
- 8. Call your parents and inform them of your situation. Tell them if you require any assistance such as medical aid or transportation. Assuming the situation is under control and you are safe, assure them of your safety so that they do not take aggressive action to meet you at the crash scene or hospital. You may need to tell your parents to respond in a safe and calm manner as they will be worried and scared about your well-being.



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Collision Report Form (Place in glove box with pencil)

| Collision Information                                 | Other Party Information      |  |
|-------------------------------------------------------|------------------------------|--|
| Date of Collision:                                    | Name of Driver:              |  |
| Collision Location:                                   | Address:                     |  |
| Collision Description:                                | Phone Number:                |  |
| Police Dept. notified:                                | Name of registered owner:    |  |
| Report Number:                                        | Address:                     |  |
| Insured Information                                   | Phone Number:                |  |
| Name of Driver:                                       | Year/Make/Model:             |  |
| Address:                                              | License plate number:        |  |
| Phone Number:                                         | Description of damage:       |  |
| Year/Make/Model:                                      | Insurance Company:           |  |
| License plate number:                                 | Policy Number:               |  |
| Injured Persons                                       | Witnesses                    |  |
| Name:                                                 | Name:                        |  |
|                                                       |                              |  |
| Address:                                              | Address:                     |  |
| Address: Phone Number:  Description of events leading | Phone Number:                |  |
| Phone Number:                                         | Phone Number:                |  |
| Phone Number:  Description of events leading          | Phone Number:  to collision: |  |
| Phone Number:  Description of events leading          | Phone Number:  to collision: |  |
| Phone Number:  Description of events leading          | Phone Number:  to collision: |  |
| Phone Number:  Description of events leading          | Phone Number:  to collision: |  |
| Phone Number:                                         | Phone Number:  to collision: |  |

This form may not include all the information required by your insurance company. Check with your insurer to see if this form meets their information requirements.



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# Safe Driving is a Social Responsibility

| Was the I Promise Program, Parent-Youth Safe Driving Contract helpful?                  |                                                                                  |  |  |  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|
| Perhaps you would consider donating to the program?                                     |                                                                                  |  |  |  |
| \$5.00\$10.00                                                                           | Other:                                                                           |  |  |  |
| Mail your donation to:                                                                  | I Promise Program Inc.,<br>20 Suter Crescent,<br>Dundas, Ontario, Canada L9H 6R5 |  |  |  |
| This information will not be sha                                                        | ared.                                                                            |  |  |  |
| Name                                                                                    |                                                                                  |  |  |  |
| Address                                                                                 |                                                                                  |  |  |  |
| Address                                                                                 |                                                                                  |  |  |  |
| Phone                                                                                   |                                                                                  |  |  |  |
| Email                                                                                   |                                                                                  |  |  |  |
| Date                                                                                    |                                                                                  |  |  |  |
| How did going through the safe driving contract help you discuss issues with your teen? |                                                                                  |  |  |  |
| How did the contract help you set limits or expectations?                               |                                                                                  |  |  |  |

To learn more about Gary Direnfeld, MSW, RSW and view his parenting articles, go to: www.yoursocialworker.com.

Thank you for your kind donation!