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| **Date/Location/Observer:** | | | | | | | | | | | |
| **Families of:** | Child appropriately restrained? | | **Reason(s) not appropriately restrained** | | | | | | | | |
| **Yes** | **No** | **Unaware** | **Personal choice** | **Forgot Seat** | **Forgot How to Use** | **Unimportant** | **Child's Comfort** | **Difficult** | **Other** | **Comments** |
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