



## **INCIDENT REPORTING**

### **Filing the Report**

RiderCoach(es) must file the attached MSF Incident Report when there is any injury or property damage, even if minor. Complete a separate report for each person involved in an incident. The RiderCoach(es) teaching at the time the incident occurs must complete the MSF Incident Report. Each section of the report must be complete. Please include complete range address information and an accurate depiction of the range layout at the time of the incident. Be sure to include all information on the student(s) involved including contact information. If information is not available, please note on the form by using "N/A" (not applicable) in the appropriate space. Witness information must include names and addresses. Other RiderCoaches or students may be included as witnesses. Blank spaces are not acceptable. Please include all information available in the summary and ensure statements are recorded accurately. Please identify all incident-related motorcycle damage in the summary section (e.g., scratched muffler, broken left footpeg, dented fuel tank, etc.) if necessary.

Send the photos (if available), and the MSF Incident Report directly to the MSF WITHIN 48 HOURS OF THE INCIDENT. Be sure the report is completed in full. If a state-required police report has been completed, please forward a copy as soon as it is available.

The incident should NOT be discussed with any individual (e.g., an attorney, newspaper reporter, magazine writer, student, friend or neighbor) other than your state program personnel.



# MSF Incident Report

## I. BACKGROUND

RERP number: \_\_\_\_\_ Sponsor name and address: \_\_\_\_\_

Training site name/Number: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM City \_\_\_\_\_ Zip \_\_\_\_\_

RiderCoach #1: \_\_\_\_\_ ID#: \_\_\_\_\_

RiderCoach #2: \_\_\_\_\_ ID#: \_\_\_\_\_

## II. PERSON INVOLVED

Full name: \_\_\_\_\_  Male  Female Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

\_\_\_\_\_ DL# \_\_\_\_\_

Person injured or involved: (check one)  Student  RiderCoach  Other \_\_\_\_\_

## III. INCIDENT DETAILS

RiderCoach summary of incident: \_\_\_\_\_

\_\_\_\_\_

Student's summary: \_\_\_\_\_

\_\_\_\_\_

Incident occurred during:  BRC  BRC2  ARC  3WBRC  SBRC  IME

Exercise Name or #: \_\_\_\_\_  Other \_\_\_\_\_

Class size? \_\_\_\_\_ Number of RiderCoaches working? \_\_\_\_\_ Range aides or other personnel? \_\_\_\_\_

During the incident, the student was:  Decelerating  Accelerating  Braking  Maintaining speed  Stopped

Did the student hit an object other than the ground (e.g., fence, pole, curb, car, etc.)?  Yes  No

If so, describe object: \_\_\_\_\_

Approximately how fast was the student traveling at the time of the incident? \_\_\_\_\_

What was the force of impact at time of the incident? (check one)  Low  Medium  High  N/A

Was the student wearing the required protective gear (as defined in MSF documents) at the time of the incident?

Yes  No; Specify \_\_\_\_\_

Helmet Type:  Full-face helmet  ¾ helmet  ½ helmet

Did the student's protective gear come off/shift during the incident?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

At the time of the incident, the student:  Had not yet met the objective of the exercise

Had met the objective of the exercise  Was practicing the new skill

Was the involved person injured?  Yes  No

Student's Name \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time: \_\_\_\_\_

Nature of injury or possible injury: (check below all that apply)  None

Complaint of pain  Bruise/abrasion/scrape  Cut/open wound  Sprain/dislocation  Fracture

Loss of consciousness  Possible head injury  Possible life-threatening injury  Death

RiderCoach description of student injury: \_\_\_\_\_

Treatment of injury (check all that apply):  None

Refused  Seeking own aid  First aid  Paramedics  Hospitalized  Other: \_\_\_\_\_

Person providing first aid: \_\_\_\_\_

Ambulance/Paramedic Company: \_\_\_\_\_

Treating physician and hospital: \_\_\_\_\_

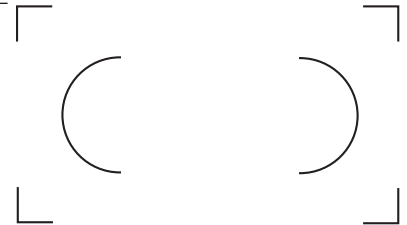
Was this the person's first incident during the training session today?  Yes  No If no, how many previous? \_\_\_\_\_

Did the student complete the training session today?  Yes  No

Did the student complete the course?  Yes  No  Unknown

Describe any relevant weather conditions: \_\_\_\_\_

Using the range diagram, indicate the location of the incident and the RC position at the time of the incident. If rider left the perimeter, please indicate the distance and path traveled from perimeter. Include any obstacles. Attach additional pages if necessary.



**IV. WITNESS INFORMATION**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Did police/law enforcement investigate:  NO  YES; Name of agency: \_\_\_\_\_

**V. MOTORCYCLE**

Was there damage to the motorcycle?  Yes  No If yes, please describe in detail the damage\*: \_\_\_\_\_

Motorcycle Owner: \_\_\_\_\_ Brand: \_\_\_\_\_

Model: \_\_\_\_\_ CC Size: \_\_\_\_\_ VIN#: \_\_\_\_\_

\*Pictures are required for damages exceeding \$750.00, for those sites participating in the Training Motorcycle Loss/Physical Damage Plan, or as required by state program.

Preparer's name (please print): \_\_\_\_\_

Preparer's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone number: \_\_\_\_\_