



## 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. 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 students" or "other Coaches" are not acceptable. 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

RERP number: \_\_\_\_\_ Training site: \_\_\_\_\_

Sponsor name and address: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM Time Zone:  E  C  M  P

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

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

Student's name: \_\_\_\_\_  Male  Female Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

\_\_\_\_\_

Was the person injured?  Yes  No

Nature of injury or possible injury: (check below all that apply)

- Bruise/abrasion/scrape     Cut/open wound     Sprain/dislocation     Fracture     Loss of consciousness
- Possible head injury     Possible life-threatening injury     Death

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

\_\_\_\_\_

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

\_\_\_\_\_

At the time of the incident, was the student:  Decelerating  Accelerating  Braking  Maintaining speed

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

What type of protective gear was the student wearing at the time of the incident? (Check all that apply)

- Gloves     Jacket     Full-face helmet     ¾ helmet     ½ helmet     Over the ankle foot protection

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

Did the student complete the course?  Yes  No

Was this the student's first incident during the course?  Yes  No If no, how many previous? \_\_\_\_\_

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: \_\_\_\_\_

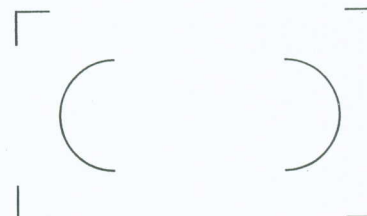
Class size? \_\_\_\_ Number of RiderCoaches working? \_\_\_\_ Range aides or other personnel? \_\_\_\_\_

Incident occurred during:  BRC  ERC Exercise #: \_\_\_\_\_  Other \_\_\_\_\_

Weather condition (check all that apply):

Sunny  Overcast  Wind  Rain  Snow/sleet

Other relevant 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.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness information:

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

Address: \_\_\_\_\_ Telephone(s) number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone(s) number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brand: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

\_\_\_\_\_