



INCIDENT REPORTING

Filing the Report

RiderCoach(es) must file the attached MSF Incident Report when there is any injury, potential injury or property damage, even if it appears minor, to any participant, vehicle or pedestrian involved in an incident. If more than one person or vehicle was involved in the incident, a separate MSF Incident Report must be filed for each. The RiderCoach(es) coaching at the time of the incident must complete the MSF Incident Report as soon after the incident as is possible. Each section of the report must be completed. 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. No section can be blank. If information is not available, please note on the form by using "N/A" (not applicable) in the appropriate space. Witness information must include name, address, phone number, and email address. Other RiderCoaches or students may be included as witnesses. Include all information available in the summary and ensure statements are recorded accurately.

Send the photos (if available) and the MSF Incident Report directly to the MSF WITHIN 48 HOURS OF THE INCIDENT. Preferred method of notification is to scan and email to lbrehm@msf-usa.org. Be sure the report is completed in full; no blank spaces. 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, reporter, magazine writer, student, friend or neighbor) other than authorized program personnel, insurance provider or MSF legal counsel.



MSF Incident Report

I. BACKGROUND

RERP number: _____ Sponsor name: _____

Sponsor address: _____

Training site name (Range): _____ City _____ State _____ Zip _____
Range number (Site ID): _____

Range street address: _____ Length: _____ Width: _____

Type of range: Standard Alternate (Posted in RETSORG) Modified (Custom)

Date of incident: _____ Time: _____ AM PM

RiderCoach #1: _____ MSF ID#: _____

RiderCoach #2: _____ MSF ID#: _____

Additional RC or other site personnel: _____ ID#: _____

of riders: _____ # of RiderCoaches: _____ Number of range aides or other personnel: _____

II. PERSON INVOLVED (Use a separate form for each person involved.)

First name: _____ Last name: _____ M F Date of birth: _____

Address: _____ Telephone number: _____

_____ Email: _____

DL#: _____ License State or Country: _____

Person potentially injured or involved (check one): Student RiderCoach Other _____

RC estimate of the rider's experience level: Never ridden Beginner with some experience
 Experienced Unknown

Did involved person show signs of intoxication? Yes No If yes, describe: _____

III. INCIDENT DETAILS

RiderCoach summary (include details such as RC and student location, distances, path of travel and circumstances): _____

Student's summary: _____

Student's signature: _____ Date: _____

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

Incident occurred during: BRC (updated) BRC (2013) BRC2 (updated) BRC2 (2013) ARC/MSRC
 3WBRC SBRC IME BBBRC UBBRC RRBR CRC

Exercise name: _____ and #: _____ Other: _____

The PRIMARY factor leading to the incident involved: Brake use Clutch use Throttle use

Friction Zone issues Shifting Gears Balance issues Communication/Inattention issues

Unknown Other: _____



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Student's name: _____ Date of incident: _____ Time: _____

Did the participant travel outside the range and runoff area during the incident? Yes No

If yes, explain: _____

Approximate speed rider was traveling: _____ MPH

Object hit other than ground (e.g., fence, pole, curb, car, etc.)? Yes No

If yes, describe object: _____

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

Was there a helmet impact? Yes No Helmet Type: Full-face helmet ¾ helmet ½ helmet

Rider wearing proper protective gear (as defined in MSF documents) at the time of the incident?

Yes No, explain: _____

Did the rider's protective gear come off/shift? Yes No If yes, describe: _____

IV. INCIDENT OUTCOMES

Was the involved person injured? Injured Possible Injury No Injury

Nature of injury or possible injury (check 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 injury: _____

Treatment of injury (choose only one):

None Seeking own aid Basic First aid, administered by: _____

Other, explain: _____

Injured person transported for medical assistance? Yes No

If yes, specify:

Ambulance/Paramedic: _____
Company name and address

Other, specify: _____

Did involved person refuse any treatment? Yes No

Did a representative of the RERP or training site follow up with the involved person? Yes No

If yes, specify results:

Hospitalized: _____
Treating physician and hospital

Other, specify: _____



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Did rider continue? Yes No

If no, self-selected out? Yes No

Describe relevant weather conditions: _____

Using the range diagram, indicate the location 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 obstacles. Attach additional pages if necessary.

V. WITNESS INFORMATION

Name: _____ Email address: _____

Address: _____ Telephone number: _____

Name: _____ Email address: _____

Address: _____ Telephone number: _____

Did police/law enforcement investigate: Yes No If yes, name of agency: _____

VI. MOTORCYCLE

Was there damage to the motorcycle? Yes No

If yes: Slight damage Moderate damage Extensive damage

Describe in detail the damage*: _____

Did the motorcycle continue to be used? Yes No

Motorcycle owner: _____ Brand: _____

Model: _____ CC Size: _____ VIN#: _____

Preparer's name (please print): _____

Preparer's signature: _____

Date: _____ Telephone number: _____

*Pictures of the motorcycle are required for damages for those sites participating in the Training Motorcycle Loss/Physical Damage Plan, or as required by an authorized program. Send the photos (if available) and the MSF Incident Report directly to the MSF WITHIN 48 HOURS OF THE INCIDENT. Scan and email to lbrehm@msf-usa.org.