

N.27 Accident-Incident Report



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM RIDER COURSE ACCIDENT/INCIDENT REPORT

Instructor note: Complete this report for each accident/incident occurring during your class regardless of the severity of injury or damage. Apply similar standards to those set by MSF, GWRRA RCICP, and/or the convening Motorcycle Safety Administration in your home state. Attach signed pre-ride inspection sheet(s) and signed and witnessed Rider Course Waiver for both Rider & Co-Rider.

Training Site: _____ Date: _____ Time: _____

Rider Name: _____ Phone Number: _____

Address: _____

Male Female Age: _____ GWRRA Member Number: _____

Co-Rider Name: (2-up only) _____

Note: Use back of form if needed. Fill out a separate form if the Co-rider sustained injuries

Range Specific Information

Course: BRC2 ARC Trike Sidecar Trailering TTRC Exercise Number: _____

Range Location: _____ Injuries Sustained Yes No

Student Accepted Declined Medical attention

First aid administered? No Yes

Emergency Personnel Information

Ambulance/emergency unit called? No Yes

ID of squad/service & destination of medical facility to which student was transported:

Police report? No Yes If yes what is the Case # _____

Accident/Incident Description

License # of damaged vehicle _____ Make, Model, Year _____

Describe injury/damage: _____

Instructor description of accident/incident - _____

Student description of accident/incident - _____

Instructor Name & GWRRA Instructor Number: _____

Instructor Name & GWRRA Instructor Number: _____

Instructor: _____ Signature Participant: _____ Signature

Instructor: _____ Signature