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.
I. BACKGROUND

RERP number: ______________________  Sponsor name: ______________________
Sponsor address: ______________________________________________________
Training site name (Range): _____________________________________________
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 impairment? □ 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 □ RBBRC □ 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: ______________________
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

Rider/Coach 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: ____________________________________________________________

☐ 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: ________________________________________________________________

☐ Other, specify: ________________________________________________________________
Student's name: ____________________________ Date of incident: _______ Time: _______

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*: ____________________________

*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.

Motorcycle owner: ____________________________ Brand: ____________________________
Model: ____________________________ CC Size: ________ VIN#: ____________________________

Preparer's name (please print): ____________________________
Preparer's signature: ____________________________
Date: ____________________________ Telephone number: ____________________________