

Incident Report Card Class Code: _____

Date: _____ Time: _____ AM; PM; Ex# _____

Student Stopped Training on a Later Exercise:
As a result of this incident the student stopped training on Ex# _____

Person involved in incident: Student; Coach; Other: _____

Person's Name: _____

Coach Summary: _____

Person Involved Summary: _____

Person Involved Signature: _____

Coach Signature: _____
 C1; C2; Coach Initials: _____

Did Person hit an obstacle? No; Yes, if "Yes" describe: _____

At the time of the incident what was the approximate speed? _____ mph

Decelerating; Accelerating; Braking; Maintaining; Stopped

Force of impact of the incident: Low; Medium; High; N/A

Was person wearing required gear as defined in MSF documents?

Yes; No, if "No" specify: _____

Helmet: Full; 3/4; 1/2; Did Gear shift or come off? No; Yes

If "Yes", describe: _____

Conditions: Sunny; Overcast; Wind; Rain; Snow/Sleet

Other Conditions: _____

NOTE: RED fields MUST be completed by the Person Involved.
Both sides MUST be completely filled out and signed by all involved.

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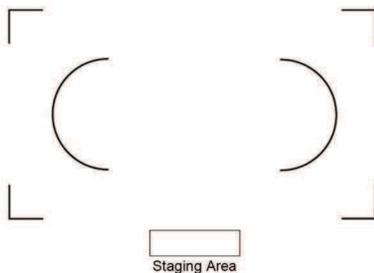
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Indicate the location of the incident with an "X" and indicate Coach positions with a "C1" and "C2". Include obstacles "Δ" if present. If rider left perimeter, indicate the distance and path of travel.

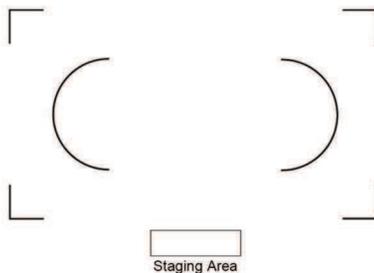
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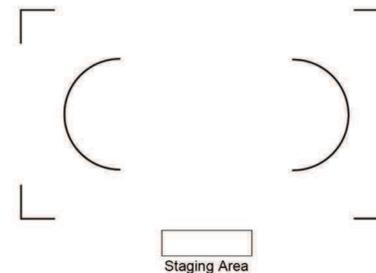
Exercise #: _____



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Was person injured? Y; N

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I am refusing on-site Professional Medical Attention (EMT/Ambulance)

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Person Involved Signature: _____

Person Involved Signature: _____

Person Involved Signature: _____

Nature of INJURY: NONE; Pain; Bruise/Abrasion/Scrape; Cut/open wound; Sprain/dislocation; Fracture; Head Injury; Loss of consciousness; Possible life-threatening injury; Death.

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Description of Injury: _____

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Treatment of Injury: None; Refused; First Aid; Seeking own
Paramedics; Hospitalized; Other: _____

Treatment of Injury: None; Refused; First Aid; Seeking own
Paramedics; Hospitalized; Other: _____

Treatment of Injury: None; Refused; First Aid; Seeking own
Paramedics; Hospitalized; Other: _____

Person providing first aid: _____

Person providing first aid: _____

Person providing first aid: _____

Ambulance Company: _____

Ambulance Company: _____

Ambulance Company: _____

Physician/Hospital: _____

Physician/Hospital: _____

Physician/Hospital: _____

Police/Agency: _____

Police/Agency: _____

Police/Agency: _____

Witness 1 Name (printed): _____

Witness 1 Name (printed): _____

Witness 1 Name (printed): _____

Witness 1 Signature: _____

Witness 1 Signature: _____

Witness 1 Signature: _____

Witness 2 Name (printed): _____

Witness 2 Name (printed): _____

Witness 2 Name (printed): _____

Witness 2 Signature: _____

Witness 2 Signature: _____

Witness 2 Signature: _____

Did student continue training after the incident? Yes; No.

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Did student meet objective? Yes; No; Practicing new skill.

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Motorcycle Name / ID: _____

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Owner: School; Coach; Student; Other: _____

Owner: School; Coach; Student; Other: _____

Owner: School; Coach; Student; Other: _____

Motorcycle Details: Make: _____; Model: _____

Motorcycle Details: Make: _____; Model: _____

Motorcycle Details: Make: _____; Model: _____

Engine CC size: _____; VIN: _____

Engine CC size: _____; VIN: _____

Engine CC size: _____; VIN: _____

Motorcycle fell to: Left side; Right side

Motorcycle fell to: Left side; Right side

Motorcycle fell to: Left side; Right side

Damage: NONE; Brake Lever; Clutch Lever; Gear Shift;

Damage: NONE; Brake Lever; Clutch Lever; Gear Shift;

Damage: NONE; Brake Lever; Clutch Lever; Gear Shift;

Fender; Tank; Handlebar; Signal Lights; Other (describe): _____

Fender; Tank; Handlebar; Signal Lights; Other (describe): _____

Fender; Tank; Handlebar; Signal Lights; Other (describe): _____