



## **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, object 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 as possible after the incident.

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 regarding the student(s) involved, including contact information. No section should be blank. If information is not available, please note on the form by using "N/A" (not applicable) in the appropriate space(s).

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 photos (if available) and the MSF Incident Report directly to the MSF WITHIN 48 HOURS OF THE INCIDENT. Scan into a PDF file and email to [lbrehm@msf-usa.org](mailto: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: \_\_\_\_\_  
Address City State ZIP

Training site name (Range): \_\_\_\_\_ Range number (Site ID): \_\_\_\_\_

Range street address: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

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 and Last Name: \_\_\_\_\_  Male  Female  Other DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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? \_\_\_\_\_

Curriculum:  BRC  BRC2  ARC/MSRC  3WBRC  IME  BBBRC  UBBRC  RRBRC  RSL Other: \_\_\_\_\_

Exercise name: \_\_\_\_\_ and #: \_\_\_\_\_ Part #: \_\_\_\_\_  Other: \_\_\_\_\_

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

Shifting Gears  Balance issues  Communications/Inattention issues  Unknown  Other: \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_



## MSF INCIDENT REPORT

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: \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_



## MSF INCIDENT REPORT

Did rider continue?  Yes  No

If no, self-selected out?  Yes  No

Describe relevant weather conditions: \_\_\_\_\_

Using the range diagram, indicate the incident location and the RC position at the time of the event. 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 MSF WITHIN 48 HOURS OF THE INCIDENT. Scan and email to lbrehm@msf-usa.org.