



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: _____

Bike Make: _____ Model: _____ Year: _____

RANGE SPECIFIC INFORMATION

Course: ARC ARC-R Trike TRC-R TC TTRC SRC Other _____

Exercise Number: _____ Range Location: _____

Injuries Sustained: Yes No Student Accepted or *Declined* Medical attention

First aid administered? Yes No

EMERGENCY PERSONNEL INFORMATION

Ambulance/emergency unit called? Yes No

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

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

ACCIDENT/INCIDENT DESCRIPTION

Instructor description of accident/incident – _____

Student description of accident/incident - _____

Instructors Name(s) and Instructor Number(s):

1: _____
 Print Name Signature Instructor Number

2: _____
 Print Name Signature Instructor Number

3: _____
 Print Name Signature Instructor Number

Student/Participant:

 Signature

Send this original form to “Director, Rider Course Programs, Chuck Geggie, 2208 Oxford Trenton Road, Oxford, OH, 45056. cwgeggie@gmail.com, 513-312-0224”. Include the T-CLOC and Waiver Form for the participant. Send copies to your District Educator, Region Educator, Program Sponsor and keep a copy for your records.