



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 and witnessed Rider Course Waiver for both Rider & Co-Rider and pre-ride inspection sheet.

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 AORC Other _____

Exercise Number: _____ Location of the vehicle on the range: _____

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:

Rider Signature

Co-Rider Signature

Send this original form to "Team GWRRA Rider Education Assistant, Chuck Geggie, 2208 Oxford Trenton Road, Oxford, OH, 45056. cwgeggie@gmail.com, 513-312-0224. Include all Inspection Forms and the Waiver Form(s) for the participant(s). Send copies to your District Educator, Program Sponsor and keep a copy for your records.