



# 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, Alvin & Josie Nelson, 2334 Riverside Drive, Maryville, TN 37804, 865-898-2030, alvin.josie.nelson@gmail.com. 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.