**RPM, Academy**

**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, RPMA 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:\_\_\_\_**

**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 “RPM Academy, LLC, c/o Susan Huttman PO Box 384 Wilkesboro, NC 28697 (828)368-2249 Email:** [**RPM ACADEMY RIDER COURSE**](mailto:susanhuttman@rpmacademy.net) **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.**