



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOTORCYCLE OPERATOR TRAINING SCHOOL INJURY REPORT INSTRUCTIONS

A Motorcycle Operator Training School needing to report an injury at one of their ranges shall provide a report for review that shall be in compliance with 16 TAC Chapter 98, Title 7, Transportation Code, Chapter 662 and all TDLR established guidelines and criteria.

1. Name of School – Enter the assumed, legal or DBA name of school.
2. School License ID Number – Enter the license number of the school.
3. Class Code – Enter the classcode for the class/range the person attended at the time of the injury.
4. Range Number- Enter the range number for the range the person attended at the time of the injury.
5. Physical Address of Range – Enter the physical address of where the range is located.
6. Date of Injury – Enter the date of the Injury.
7. Person Injured – Enter the full name and indicate if individual is a student or instructor.
8. Motorcycle Involved in Injury – Enter motorcycle information and speed at time of incident and indicate if the motorcycle is operational.
9. Description of Incident – Enter all information as applicable.
10. Nature of Injury – Indicate nature of injury.
11. Description of Injury – Describe injury.
12. Treatment of Injury – Indicate treatment provided.
13. Certification Statement – Injury Report must be signed by the controlling person or authorized individual.

This form must be typed and emailed; handwritten reports will not be accepted. Completed Incident reports may be submitted by sending your completed incident report and attachments via webform to:

<https://ga.tdlr.texas.gov:1443/form/education>

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at www.tdlr.texas.gov or reach the [Education and Examination division via webform](#) where you can submit your request for assistance and include attachments as needed.



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1. Name of School: _____

2. School License Number: _____

3. Class Code: _____

4. Range Number: _____

5. Physical Address of Range: _____

Number, Street Name

City, State, Zip code

County

6. Date of Injury:

Date: _____ Time: _____ AM PM Weather Conditions: _____

7. Person Injured:

Last, First, MI Student Instructor

Person wearing protective gear: Yes No

8. Motorcycle Involved in Injury:

VIN Make/Model

Approximate Speed at time of Incident: _____ mph Operational: Yes No

9. Description of Incident:

10. Nature of Injury:

- Bruise/Abrasion/Scrape Head Injury Loss of Consciousness Cut/Open Wound
- Sprain/Dislocation Possible Life-threatening injury Death

11. Description of Injury:

12. Treatment of Injury:

- Refused Seeking Own First Aid Paramedics
- Hospitalized Other: _____

13. CERTIFICATION STATEMENT

By signing this report, I certify that all information submitted on this report is true and accurate. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing and Regulation (Transportation Code, Chapter 98.). I understand that providing false information on this report and all attachments may result in the imposition of administrative penalties.

Signature of Controlling Person or Authorized Representative

Date Signed

Printed Name of Controlling Person or Authorized Representative

Title