



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOTORCYCLE OPERATOR TRAINING SCHOOL INCIDENT REPORT INSTRUCTIONS

A Motorcycle Operator Training School needing to report an incident at one of their ranges shall provide an incident 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. Location of Range – Enter the physical description of location and address of the range.
4. Range Number – Enter the Range number.
5. Physical Address of Range – Enter the physical address of where the range is located.
6. Date of Incident – Enter the date of the Incident.
7. Person Involved in Incident – Enter the full name and indicate if individual is a student or instructor.
8. Motorcycle Involved in Incident – Enter motorcycle information and speed at time of incident.
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 – Incident 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>

Documents submitted with your application will not be returned. Keep a copy of your completed report and all attachments.

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 at <https://ga.tdlr.texas.gov:1443/form/education>. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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MOTORCYCLE OPERATOR TRAINING SCHOOL INCIDENT REPORT

1. Name of School:	2. School License Number:
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3. Location of Range: (Physical Description of Location)	4. Range Number:
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5. Physical Address of Range:

Number, Street Name	City, State, Zip code	County
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6. Date of Incident:

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

7. Person Involved in the Incident:

_____ Student Instructor

Last, First, MI

Person wearing protective gear: Yes No

8. Motorcycle Involved in Incident:

VIN Make/Model

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

9. Description of Incident:

10. Nature of Injury:

- None 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:

- None 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