



## TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157  
[education@tdlr.texas.gov](mailto:education@tdlr.texas.gov) • [www.tdlr.texas.gov](http://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 email to:**  
[education@tdlr.texas.gov](mailto:education@tdlr.texas.gov)

Documents submitted with this report 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 and Regulation website at <https://www.tdlr.texas.gov> or email at [education@tdlr.texas.gov](mailto:education@tdlr.texas.gov) where you can submit your request for assistance and include attachments as needed.



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### MOTORCYCLE OPERATOR TRAINING SCHOOL INCIDENT REPORT

1. Name of School:	2. School License Number:
3. Location of Range: (Physical Description of Location)	4. Range Number:
5. Physical Address of Range:	
Number, Street Name City, State, Zip code County	
6. Date of Incident:	
Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM Weather Conditions:	
7. Person Involved in the Incident:	
Last, First, MI <input type="checkbox"/> Student <input type="checkbox"/> Instructor	
Person wearing protective gear: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Motorcycle Involved in Incident:	
VIN Make/Model	
Approximate Speed at time of Incident: Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Description of Incident:	

10. Nature of Injury:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None                             | <input type="checkbox"/> Bruise/Abrasion/Scrape | <input type="checkbox"/> Head Injury        |
| <input type="checkbox"/> Loss of Consciousness            | <input type="checkbox"/> Cut/Open Wound         | <input type="checkbox"/> Sprain/Dislocation |
| <input type="checkbox"/> Possible Life-threatening injury | <input type="checkbox"/> Death                  |   |

11. Description of Injury:

12. Treatment of Injury:

- |                                     |                                       |                                       |                                    |
|-------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None       | <input type="checkbox"/> Refused      | <input type="checkbox"/> Seeking Own  | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Paramedics | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> 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