



Document no.	DVPF 37
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DVA MOTORCYCLE TRAINING INCIDENT REPORT FORM

Answer all questions and where given a choice of 2 or more answers please put an oblique stroke in the appropriate box.

Incident Details:

1. When did the incident occur, starting with the date, (dd/mm/yyyy), the day of the week and then the time using the 24 hour clock?

DATE	DAY	TIME

2. At what time did the training start on the day of the incident using the 24 hour clock?

TRAINING START TIME:

	:	
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3. What type of training was being delivered? (Please Tick)

CBT		Test		Other	
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4. Did the Incident occur on road or off road?

On Road		Off Road		(Please Tick)
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5. Were you and the Trainee in radio contact with each other during the training session in which the incident occurred ;

YES		NO		(Please Tick)
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6. How many people were in the training group?

Number of Instructors

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 Number of Trainees

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 (Please Tick)

7. Confirm the Address and/or Location of the incident;

Address / Location

8. What were the weather conditions including the visibility when the incident occurred?

Weather Conditions and Visibility

AMI AND TRAINING ORGANISATION DETAILS

9. What is your name and AMI number?

Name:

Number:

10. What is the name, address, telephone number, and email address of your training school /organisation. Also please provide a contact name at your school/organisation?

Name	_____
Address	_____ _____ _____
Tel No	_____
Email address	_____
Contact Name	_____

INJURED RIDER DETAILS

(Please use a separate form for each injured party)

Name of injured rider:

Is the injured rider:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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 (Please Tick)

What is the injured rider's D.O.B:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 (dd/mm/yyyy)

11. What type of machine was the injured party riding at the time of the incident?

12. Please provide details of any injuries sustained.

13. Describe in full how the incident occurred including the cause? (Additional paper may be used if necessary and secured to the original documentation).

(Please do not write in this space, DVA official use only)

DVA Ref no.

Data entered by

Audit action

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