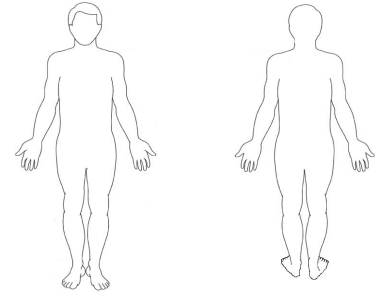


MVD Office	Report Date	Accident Date	Time of Accident	Weather Conditions	
Customer Name			Driver License Number	Phone ( )	
Mailing Address			City	State	Zip
Year	Make	Size (cc/HP)		Plate Number	

Skill Test Exercise being conducted (show positioning on diagram)  
 1  2  3  4  5  6  7  Other (please explain):

Explain What Happened

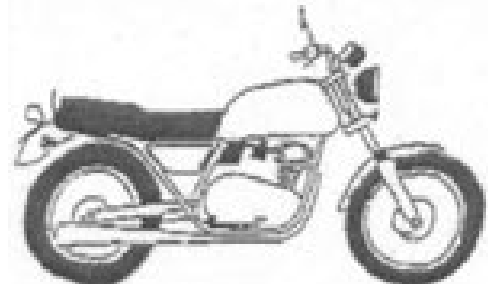
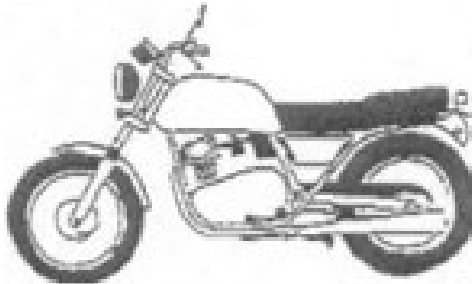
Describe Injuries (circle location of injuries)



Was emergency care given? (please explain)

Yes  No, customer declined medical attention

Motorcycle/Other Property Damage (circle location of motorcycle damage)



Witness Names, Mailing Addresses and Phones

1.

2.

3.

MVD Agent Name

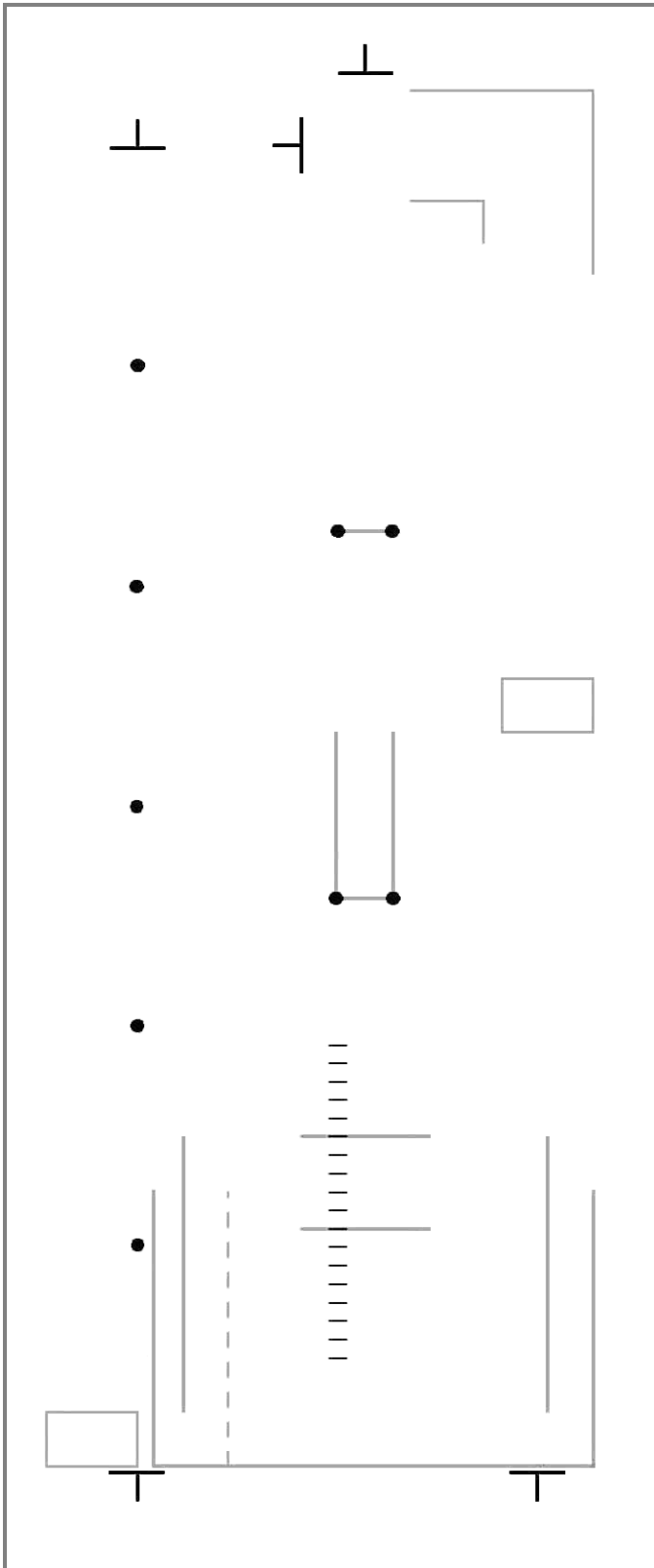
MVD Agent Signature

RACF

# Motorcycle Operator Skills Test

Place an "X" at the examiner's position and place an "O" at the motorcycle position.

## Two-Wheel Track



## Three-Wheel Track

