MOTORCYCLE SAFETY QUESTIONANNAIRE

THE DEPARTMENT OF THE NAVY (DON) AND THE DEPARTMENT OF DEFENSE (DOD) CONTINUES TO LOSE OUR MILITARY, CIVILIAN AND CONTRACTOR PERSONNEL TO OFF DUTY MOTOR VEHICLE MISHAPS AND RECREATIONAL ACCIDENTS. TO ENSURE THAT ALL PERSONNEL HAVE RECEIVED THE REQUIRED TRAINING OUTLINED IN THE OPNAVINST 5500.12H CH-1, PLEASE TAKE A MOMENT TO COMPLETE THE FOLLOWING QUESTIONNAIRE AND SUBMIT IT TO THE COMMAND TRAFFIC SAFETY COORDINATOR.

1. LAST _____ FIRST _____ MIDDLE INIT. _____

MILITARY ONLY:

RATE: _____ DIVISION: _____ WORK CENTER: _____

CIVILIAN AND CONTRACTORS ONLY:

SHOP CODE: _____

2. ARE YOU? ACTIVE MILITARY _____ DOD CIVILIAN _____ DOD CONTRACTOR _____

3. DO YOU PLAN ON OR CURRENTLY OWN OR OPERATE A:

MOTORCYCLE	YES ☐	NO ☐
OFF ROAD MOTORCYCLE	YES ☐	NO ☐
ATV	YES ☐	NO ☐

4. DO YOU CURRENTLY POSSES A VALID OPERATOR'S LICENSE OR PERMIT FOR A MOTORCYCLE? YES ☐ NO ☐

5. DO YOU HAVE A DOD BASE DECAL ON YOUR MOTORCYCLE? YES ☐ NO ☐

IF YOU ANSWERED YES TO QUESTIONS 4 OR 5 PLEASE COMPLETE THE REST OF THIS FORM. IF YOU ANSWERED NO TO QUESTIONS 4 AND 5 PLEASE SIGN AND DATE THE BOTTOM OF THIS FORM AND SUBMIT IT TO THE COMMAND TRAFFIC SAFETY COORDINATOR.

6. LIST MAKE, MODEL ENGINE DISPLACEMENT (CC'S) AND TYPE OF ANY MOTORCYCLE, OFF ROAD MOTORCYCLE OR ATV YOU OWN.

NOTE: EXAMPLE OF TYPES OF VEHICLES: STREET BIKE (SPORT, CRUISER, TOURING, STANDARD), OFF ROAD BIKE, ATV.

MAKE: _____ MODEL: _____ CC'S _____ TYPE: _____

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MAKE: _____ MODEL: _____ CC'S _____ TYPE: _____

7. HAVE YOU COMPLETED A SAFETY CENTER APPROVED MOTORCYCLE SAFETY COURSE FOR YOUR MOTORCYCLE, OFF ROAD MOTORCYCLE OR ATV? YES ☐ NO ☐

A. IF YES, ENTER THE COMPLETION DATE IN THE SPACE PROVIDED NEXT TO THE COURSE(S) COMPLETED.

1) BASIC RIDER COURSE: _____

2) MILITARY SPORTBIKE RIDER COURSE: _____

3) EXPERIENCED RIDER COURSE: _____

8. CHECK YOUR AGE CATEGORY. 17-24 ☐ 25-34 ☐ 35 AND OLDER ☐

9. HOW MANY YEARS RIDING EXPERIENCE DO YOU HAVE:?

STREET _____

OFF-ROAD _____

ATV _____

10. PLEASE PROVIDE ANY QUESTONS, COMMENTS OR CONCERNS REGARDING MOTORCYCLE/VEHICLE SAFETY.

_____

_____

_____

SIGNATURE: _____ DATE: _____