

COMMANDER'S MOTORCYCLE SAFETY INTERVIEW

PRIVACY ACT STATEMENT

AUTHORITY: AFI 91-207/AETC Sup 1.

PURPOSE: To gather data and background information for use in managing the unit motorcycle safety program.

ROUTINE USES: None

DISCLOSURE: Voluntary. Non-disclosure of the requested information will not adversely affect the member.

This questionnaire was developed for the commander's use in their risk management program. It allows them to obtain information on newly assigned personnel to determine if they may be susceptible to a motorcycle accident. The intent is to identify potential problems that could lead to injury or death of the motorcycle rider. NOTE: These questions need to be asked of all persons who ride a motorcycle even if the motorcycle is not registered on base.

NAME	AGE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
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UNIT	DUTY SECTION	DUTY TELEPHONE NO
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1. How long have you ridden a motorcycle?
 LESS THAN A YEAR 1 - 2 YRS 2 - 3 YRS 4 - 6 YRS OVER 6 YRS

2. Do you currently own a motorcycle?
 YES NO *(If no, return this form to your unit orderly room)*

3.a. YEAR AND MAKE <i>(Kawasaki, Honda, BMW, Suzuki, Yamaha, Harley Davidson, etc.)</i>	3.b. MODEL <i>(Gold Wing, Ninja, Sportster, etc.)</i>	3.c. ENGINE SIZE <i>(350, 750, etc.)</i>	3.d. TYPE <i>(Street or Off-road)</i> <input type="checkbox"/> STREET <input type="checkbox"/> OFF-ROAD
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4. How long have you owned your current motorcycle?
 LESS THAN A YEAR 1 - 2 YRS 3 - 4 YRS 5 - 6 YRS OVER 6 YRS

5. Is it registered on base? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. Is it your primary means of transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. Have you completed a Motorcycle Safety Foundation (MSF) Course? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, skip section 8)</i>
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8. MSF COURSE COMPLETED	DATE COMPLETED
a. Experienced Rider Course (ERC)	
b. Motorcycle Rider Course; Riding and Street Skills (MRC:RSS)	
c. MOST II	

9. When weather permits, how often do you ride?
 DAILY WEEKLY MONTHLY OCCASIONALLY SELDOM

10. How many citations *(on and off base)* have you been issued within the last three years? *(If cited please state the nature of the citation(s) below.*
 NONE 1 - 2 3 - 4 5 or more

11. How many traffic accidents *(on and off base)* have you been involved in within the last three years?
 NONE 1 - 2 3 - 4 5 or more

12. Were you determined to be at fault in the accident(s)?
 NO YES *(If yes, explain below)*

SIGNATURE OF INDIVIDUAL	TYPED NAME, TITLE, AND SIGNATURE OF REVIEWING AUTHORITY	DATE
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PLEASE RETURN THIS QUESTIONNAIRE TO YOUR UNIT ORDERLY ROOM.