

DRIVING MISHAP RISK INDICATOR FORM

ATTACH THIS FORM TO THE LEAVE/LIBERTY REQUEST

	RISK FACTOR	POSSIBLE POINTS	ACTUAL POINTS
1. AGE	25 years or younger 26 years or older	1 0	
2. PAY GRADE	E-1 to E-3 E-4 to E-5	2 1	
3. MARITAL STATUS	Single	1	
4. DRIVING RECORD	One or more violation within the last 12 mo.	1	
5. TIME SINCE LAST DEPLOYMENT	Deployed more than 30 days and home less than 30 days	1	
6. DISTANCE TRAVELING	100 – 500 500 – 1000 >1000	1 2 3	
7. ANY INCIDENTS OF ALCOHOL ABUSE	Per incident	4	
8. RATIO OF TRAVEL DAYS TO LEAVE DAYS	1:4 or less more than 1:4	1 2	
9. REST PRIOR TO DEPARTURE	Less than 8 hours	2	
10. HOURS BETWEEN RETURN AND DUTY	Less than 12	1	
11. DRIVING ALONE	Yes	1	
12. DRIVING BETWEEN 2200 AND 0600.	Yes	2	
13. PERSONAL STRESSORS	Marital/relationship/ major life change/ death in the family	1	
14. MOTORCYCLE TRAVEL	Yes	1	
15. TRAVEL DURING HOLIDAY PERIOD	Yes	1	
TOTAL POINTS			

Point Range	Level of Risk	Action to be Taken
0-7	Low Risk	Safety Brief
8-15	Medium Risk	Safety Brief/Counseling
16-25	High Risk	Safety Brief/Counseling/ Mitigate Risk

ANALYSIS

1. The following areas of excessive risk were noted:

2. The solution for the excessive risk factors are:

Marines Name: _____

Inspecting Officers Name _____ Date: _____

MOTORCYCLE INSPECTION CHECKLIST

(ATTACHED THIS FORM TO THE LEAVE/LIBERTY REQUEST)

NAME _____ RANK _____ SSN _____

DUTY SECTION _____ WORK SECTION _____ PHONE # _____

DEPARTURE DATE _____ RETURN DATE _____

POV YEAR/MAKE/MODEL _____ LICENSE PLATE (#/STATE) _____

DRIVERS LICENSE (#/STATE) _____

THE FOLLOWING SHALL BE VERIFIED AS VALID PRIOR TO DEPARTURE:

LICENSE _____ REGISTRATION _____ INSURANCE _____ PLATES _____ DIC _____

AA CARD _____ STATE INSPECTION STICKER _____ MOTORCYCLE SAFETY CRS _____

THE FOLLOWING SHALL BE INSPECTED PRIOR TO DEPARTURE:

ITEM	WHAT TO CHECK FOR	PASS	FAIL
BODY	GENERAL CONDITION, UNSERVICABLE/UNSAFE ITEMS		
TIRES (2)	PROPER TREAD DEPTH/WEAR AND INFLATED TO RECOMMENDED PSI		
WHEELS (2)	BROKEN, LOOSE, CRACKED, ETC		
EXHAUST	GENERAL CONDITION OF SYSTEM AND MUFFLER		
WINDSHIELD	IF PRESENT, NOT CRACKED, BROKEN OR IMPAIRS VISION		
FRONT BRAKE	OPERATIONAL, NO EXCESSIVE TRAVEL/FIRM		
REAR BRAKE	OPERATIONAL, NOT EXCESSIVE TRAVEL/FIRM		
STEERING	SMOOTH AND EASY MOVEMENT		
HORN	AUDIBLE		
CABLES	FREE MOVEMENT AND NOT FRAYED		
MIRRORS	REAR-VIEW IN PLACE, ADJUSTABLE, INTACT		
HEAD LIGHTS	OPERATIONAL (HIGH/LOW BEAMS), INTACT		
TAIL LIGHTS	OPERATIONAL, INTACT		
BRAKE LIGHTS	OPERATIONAL, INTACT		
THROTTLE	MOVES FREELY		
TURN SIGNALS	LEFT/RIGHT/FRONT/REAR OPERATIONAL		
PLATE LIGHT(S)	OPERATIONAL		
HAZARD LIGHTS	LEFT/RIGHT/FRONT/REAR OPERATIONAL		
LEVERS	NOT BROKEN, BENT OR LOOSE		
FORKS	SMOOTH TRAVEL, LEAKS AT SEALS		
CHAIN	CONDITION/LUBRICATION		
FLUIDS	SERVICED TO PROPER LEVELS		
SAFETY EQUIPMENT	HELMET(S), VEST AND PPE AS REQ BY MCO P5100.19D (ENCL 2)		

SNM SIGNATURE _____ DATE _____

INSPECTOR'S INFORMATION:

NAME _____ RANK _____ SHOP _____

SIGNATURE _____ DATE _____