MOTORCYCLE OHIO FY2019 TRAINING GRANT APPLICATION

(July 1, 2018 – June 30, 2019)

OHIO DEPARTMENT OF PUBLIC SAFETY
OFFICE OF CRIMINAL JUSTICE SERVICES
MOTORCYCLE OHIO
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APPLICATIONS MUST BE SUBMITTED ON-LINE BY MIDNIGHT, December 8 , 2017

Please use these instructions before and during your on-line grant application process. If you have additional questions concerning the grant application, please contact one of the following:

Grant Specialist	E-Mail Address	Phone Number	Fax Number
Chuck Stiteler	gcstiteler@dps.ohio.gov	614-466-6855	614-728-8330
Michele Piko	mapiko@dps.ohio.gov	614-466-4041	614-728-8330

The office of Criminal Justice System (OCJS) and Motocycle Ohio (MO)
Motocycle Safety Training Grant Application Guidelines

Applicants requesting Grant funds should follow these steps:

- Read and thoroughly understand the Grant program guidelines.
- Have a working knowledge of the budget necessary to conduct a motorcycle training course.
- Complete the enclosed worksheets and attach necessary documentation.
- If you have any letters of support from your community leaders, fiscal section and other service providers, please provide with the application. These can be upload on the Grant Submission Document page.

Please submit an application request through the Office of Criminal Justice Services and Motorcycle Ohio on-line registration site at: http://www.ocjsgrants.com/Login2.aspx?APPTHEME=OHOGS.

Definitions

“Basic rider skills course” or **“BRS”** means the basic motorcycle training course approved by the department.

“Basic rider skills course-returning rider” or **“BRS-RR”** means the basic rider course for the returning rider approved by the department.

“Basic rider skills course-two” or **“BRS-2,”** means the basic rider course for the experienced rider approved by the department.

“Advanced rider skills course” or **“ARS”** means the advanced rider course approved by the department.

“Classroom” means any room within an approved provider facility or under contract with a provider, in which students are taught motorcycle safety and education.

“Department”/”ODPS” means the Ohio Department of Public Safety.

“Director” means the Director of the Ohio Department of Public Safety as set forth in division (G) of section 121.03 of the Revised Code, or the Director’s designee.

“Instructor” means an individual certified by the department to teach motorcycle training courses approved by the department.

“Motorcycle endorsement” means any driver’s license with a motorcycle endorsement.

“Motorcycle Maintenance” means including but not limited to: motorcycle inspections as outlined in the MO Policy and Procedure Manual and MOP 0050, chain adjustment, battery replacement, brake, clutch and throttle adjustment, replacement of cables, levers, light bulbs, mirrors, spark plugs. Other repairs may be done by contacting MO.

“Motorcycle Ohio” or **“MO”** is the motorcycle safety and education program operated by the department as provided in section 4508.08 of the Revised Code.

“Public provider” or **“grantee”** means any public agency or recognized training facility contracted by the department to train the general public in motorcycle safety and education.

“Range” or **“riding range”** means an off-highway site designed for training riders that does not permit traffic to pass through the site during training.

“Site coordinator” means a person designated by the authorized official of a motorcycle training provider to carry out orders and conduct the business and manage the provider’s training program.

I. Creation of the Motorcycle Ohio program

Section 4508.08 of the Ohio Revised Code, requires that a motorcycle safety and education program be established within the Ohio Department of Public Safety (ODPS). Additionally, O.R.C. Section 4507.21 requires 15 ½ and 17 year olds to complete a motorcycle safety and education course to be eligible to receive a license or endorsement to operate a motorcycle. Funding for the program is established under O.R.C. Section 4501.13 which requires that $6.00 from each annual motorcycle registration fee be deposited into the Motorcycle Safety and Education Fund to support the operations of the program.

Training was first made available to the public by the Motorcycle Ohio (MO) program in September 1988. While aimed at providing training for the minors required to complete the course to be eligible to receive a license, the program is available to everyone. Several curriculums are available for grantees to offer in their community:

1. Basic Rider Skills (BRS) for beginners
2. Basic Rider Skills -RR (BRS -RR) for the returning rider
3. Basic Rider Skills -2 (BRS-2) for experienced riders
4. Advanced Rider Skills (ARS)

An Instructor Preparation Course (IPC) is also available for motorcyclists interested in becoming Ohio approved motorcycle safety instructors.

A. The Ohio Department of Public Safety (ODPS) Mission Statement

ODPS strives to fulfill its mission to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and wellbeing of all citizens with the most cost-effective and service-oriented methods available.

B. OCJS Mission Statement

OCJS's mission is to reduce and prevent crime throughout the state, save lives, and reduce injuries on Ohio's roads.

C. MO Mission Statement

To provide an affordable motorcycle rider training course to reduce fatalities and injuries on Ohio's roadways through the three major components: rider education, public information campaigns and licensing improvement.

II. Applicant Eligibility

In order to be eligible for grant funding, a grantee can be a new or existing motorcycle training and education grantee, operated by either a public or non-profit organization, whose principal mission is to provide services to the general public.

MO will evaluate each grant proposal to determine its funding eligible based on the following criteria: (1) meet the submission deadline; (2) meet the minimum proposal requirements; and (3) be willing to change any submission fees to meet budget restraints.

MO will award grants based on: (1) the amount of funding available to MO; (2) the total number of proposals submitted to MO; and (3) past performance of grantee applicants. Additionally, all grant recipients must agree to the conditions set forth in the General Provisions listed herein.

III. Motorcycle Ohio Application Process

In FY2019 the Motorcycle Ohio program will continue to be a grant administered program, reimbursing government or not-for-profit agencies wishing to provide the motorcycle training courses and community education for safe riding.

The grant application process will open September 21, 2017 and is available through The Ohio Office of Criminal Justice Services and Department of Rehabilitation and Correction Grant Management System.

Applications are due by midnight on December 8, 2017 and will be reviewed by a committee selected by the MO program. The committee will review applications and make funding recommendations to the Administrator of the OCJS and the Director of the Department of Public Safety (ODPS). Submit your online at http://www.ocjsgrants.com/login2.aspx?APPTHEME=OHOGS_CJS.

Funding announcements will be released by March 2018.

IV. Period of Funding

Fiscal Year 2019 Motorcycle Ohio grants awards will support project activities that occur between July 1, 2018 and June 30, 2019.

Late proposals will **NOT** be considered for funding. OCJS/MO is not responsible for an applicant's personal computer or internet access failure occurring at the proposal deadline. In the event that OCJS experiences an internal server malfunction, OCJS will notify Proposal Administrators or an updated submission deadline.

V. General Provisions

Motorcycle Ohio establishes criteria that must be met by all organizations that receive grant funds. These funds are awarded to applicants for the purpose of providing motorcycle training services and safety education to the public. Eligible applicants should review this section carefully in order to ensure program eligibility.

A. Program Requirements

1. All grantees must abide by the Ohio Administrative Rules, the Motorcycle Ohio Policy and Procedure Manual, MO office guidance and memorandums provided during the course of the year or upon request.

2. Grantee Requirements are:

    - Exhibit_A – Administrative
    - Exhibit_B – Miscellaneous

3. Grantees must offer the Basic Rider Skills (BRS) Course and may *choose* to offer any of the other approved courses (Basic Rider Skills for Returning Rider (BRS-RR), Basic Rider Skills-2 (BRS-2), and Advanced Rider Skills (ARS)).

4. Grantees must use instructors from the Motorcycle Ohio certified instructor list.

5. (*Administrative Code 4501-53-3 and 4501-53-4).* While grantees have the right to contract with whom they wish, MO encourages grantees to use multiple instructors so they may maintain their certification to teach within the Ohio program. This will benefit the pool of instructors used by all grantees.

6. Grantees must abide by the MO-LITE Program. MO uses the LITE Trainer program to maintain quality control and train Motorcycle Ohio instructors. The LITE program serves to provide a quality rider education program by assisting each individual instructor in developing exceptional teaching abilities. LITE trainers are active MO Instructors who are trained in observation and training techniques and guidelines.

7. Grantees must abide by the Quality Assurance (QA) programs which will be administered by the state office. MO uses this program to maintain quality control. The QA program is administered by the state to assist in maintaining the high standards of the program. A MO staff member will visit grantees to verify that administrative rules and program standards are met. The Quality Assurance requirement form is attached. (Exhibit_C)

8. Grantees are responsible for full compliance with Ohio Executive Order 2011-03K, and all Ohio ethic rules and regulations, as well as, any conflict of interest laws set forth and specified in Ohio Revised Code 102.02, 102.03, 102.04, and 2921violations and / or noncompliance with those laws or the Executive Order will result in immediate termination of the grant agreement.

9. Grantees must have a “DRUG / SMOKE FREE WORKPLACE.” The grantee certifies that to the best of his / her ability, all of his / her employees will not purchase, transfer, use, or possess illegal drugs or alcohol or abuse prescription drugs in any way while working on state property. Failure to comply may result in IMMEDIATE termination of this Agreement.

10. The use of tobacco products will conform to the state laws and facility regulations where the course is being held.

11. Submit a completed Motorcycle Ohio Range Information Form and upload pictures of the range Motorcycle Ohio Office after the grant application has been submitted. The Motorcycle Ohio Range Information Form and pictures should be uploaded into the grant system **and** emailed to: Mogen@dps.ohio.gov (Exhibit D)

12. All MO training (classroom and range) will be conducted and completed within the geographical boundaries of the State of Ohio.

B. Hold Harmless, Insurance and Indemnification

Grantee agrees to hold harmless and indemnify the State of Ohio, Department of Public Safety and Motorcycle Ohio for any and all claims of bodily injury, including death, or property damage arising from Rider Education course activities, whether or not the injury or damage occurs out of the operation of state provided motorcycles or equipment, unless the injury or damage is the direct result of the negligent acts, errors or omissions of the State of Ohio, its officers or employees. In the event the Grantee is a self-insured public entity, its obligation to indemnify, including defense costs, shall be in accordance with applicable Ohio law.

Grantee shall, for the duration of this Agreement, provide commercial or self-insurance coverage, at minimum:

i. General Liability, written on an occurrence basis, including bodily injury, property damage, products and completed operations and personal & advertising injury, with limits no less than $1,000,000 per occurrence and $2,000,000 aggregate. Commercial policies shall name the State of Ohio, Department of Public Safety, Motorcycle Ohio as Additional Insured.

ii. Professional Liability with limits not less than $1,000,000 per claim, $2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as are undertaken by the Grantee in this Agreement and shall cover all applicable Grantee personnel or subcontractors who perform professional services related to the provision of the Rider Education program.

    I. Claims-Made Insurance: If the policy is written on a claims-made basis, the Retroactive Date must be shown and must be before the effective date of this Agreement. Insurance must be maintained for at least five years after the completion of this Agreement. If coverage is cancelled or non-renewed and not replaced with another claims-made policy, the Grantee must purchase extended reporting coverage for a minimum of five years.

The insurance obligations under this Agreement shall be the minimum insurance coverage requirements. Any insurance proceeds in excess of or broader than the minimum required coverage shall be applicable to a covered loss. No representation is made that the minimum insurance requirements of this Agreement are sufficient to cover the obligations of the Grantee. Deductibles and self-insured retentions must be

declared to and approved by the State. Such deductibles and self-insured retentions shall be the responsibility of the Grantee and shall not be borne in any way by the State of Ohio.

Pursuant to ORC 2743.02, Grantee hereby grants to the State of Ohio a waiver of any right to subrogation which any insurer or self-insurer of the Grantee may acquire against the State by virtue of the payment of any loss under such insurance. Grantee agrees to obtain any endorsements that may be necessary to affect this waiver of subrogation. For any claims related to this Agreement, the Grantee's commercial and/or self-insurance shall be primary insurance. The State of Ohio shall, to the extent permitted by Ohio law and except for situations where officer, employee or governmental immunity would apply, be responsible for any claims arising out of the negligent acts, errors or omissions of its officers or employees associated with the activities of the Rider Education program. The State's self-insurance shall be excess of all available collateral sources, including the Grantee's insurance, and shall not be contributory.

Grantee shall provide the State of Ohio with 30 days' written notice of cancellation or material change to any insurance or self-insurance required in this Agreement. Material change shall be defined as any change to the insurance limits, terms or conditions that would limit or alter the available recovery under any of the policies required above.

Grantee shall ensure that all site coordinators and instructors follow the written procedure outlined in Exhibit L for incidents that involve injury or property damage.

C. Allowable Services, Activities, and Costs

Administrative Guidance will be provided by The Ohio Revised Code, the Administrative Rules, the MO Policy, the Procedure Manual, and the MO staff. Allowable purchases must be used for approved motorcycle safety education courses. All purchases over one hundred dollars ($100.00) must be submitted to and approved by MO on a Request for Purchase Form prior to incurring the cost. Outreach efforts should be made and materials should be provided to reach the county's ethnic and / or limited English speaking populations. The Request to Purchase Form (Exhibit E).

The grantee must submit a final draft copy of all promotional materials to the MO office for approval prior to production.

1. **Allowable Instructional and Administrative Costs -** The following is a non-inclusive list of services, activities and costs associated with motorcycle training that are considered to be eligible for support with grant funds:
    1. Instructional Costs - Fees for instructors and other related cost or fees.
    2. Administrative Costs - Coordinator fees, clerical fees, supplies, postage, copying, motorcycle maintenance, gasoline and other costs directly associated with courses.

2. **Other Allowable Non-Instructional/Administrative Costs** (Misc. fixed cost) The following is a non-inclusive list of services, activities and one-time purchases that are related to conduct motorcycle training and education eligible for support with grant funds:
    a. Equipment (such as an ABC 10 pound fire extinguisher, cone cart, cones, range cleaning equipment, Type III, Class A first aid kit conforming to or surpassing ANSI/ISEA 2308.1-2015, paint stick, measuring wheel, portable toilets etc.)
    b. Publicity and promotional events / activities associated with the MO program and motorcycle safety;
    c. All advertisement must be submitted to and approved by MO on a Request for Purchase Form prior to any advertisement being published and incurring the cost.
    d. Pavement paint and the services of an MO approved range painter and motorcycle maintenance;
    e. Costs associated with attendance at MO meetings for the site coordinator / grant coordinator.
    f. Instructor travel over 45 miles one way to remote areas to teach motorcycle training classes. Reimbursement will start after 45 miles one way and will be reimbursed at $0.52 per mile.

D. Unallowable Services, Activities, and Costs

The following services, activities, and costs, although not inclusive, **cannot** be supported with Grant funds:

1. Any services outside of allowable costs in listed above without written permission from Motorcycle Ohio;
2. Fundraising activities;
3. Shirts for Instructors;
4. Costs related to food for meetings, awards banquets, etc.
5. Indirect organizational costs such as liability insurance on buildings, capital improvements, real estate purchases, construction costs, etc.
6. Alcohol is not allowed to be purchased with funds from this grant.

E. Reimbursement Only Policy

The administering agency must first incur the cost for approved expenditures and then apply for the reimbursement. Appropriate and accurate documentation will be required for expenses over $100.00. All purchases must be submitted to and approved by MO through the on-line grant system using the Request to Purchase form (Exhibit E) prior to incurring the cost.

F. Priority Funding

Priority will be given to applicants serving areas of the state where the need for motorcycle training is greatest.

G. Required Personnel

i. Authorizing Official – the authorizing official is usually the head of an organization / agency. This individual must possess or have the ability to obtain the legislative authority to enter into an agreement with OCJS, should the proposal be approved for funding.

ii. Project Director – The project director is designated as the agency's liaison with MO by the authorizing official. Should the proposal be approved for MO funding, this individual will oversee the daily activities of the grant and ensure that the scope of work and evaluation are completed as proposed. This individual will also serve as the primary contact person for the grant.

iii. Fiscal Officer – The fiscal officer is responsible for fiscal activities for the agency. This individual is responsible for overseeing the grant's budget, as well as submitting properly prepared claims for reimbursement to MO.

Each proposal must have the above personnel assigned to the Grant. Please complete the Required Personnel form and upload into the grant system. (Exhibit F)

H. Information and Assurances

Grantees receiving funding from the Office of Criminal Justice Services / Motorcycle Ohio are required to agree to the following:

i. Provide confirmation that the applicant is a government or non-for-profit agency or organization.
ii. Provide confirmation from the agency authorizing official that the Grantee has the financial resources to fund the program prior to reimbursement from the state;
iii. Ensure compliance with the applicable provisions of the Ohio Revised Code (ORC 4508.08), Ohio Administrative Rules (OAC 4501-53); Motorcycle Ohio Policy and Procedures and Motorcycle Ohio Office directives;
iv. Provide an assurance that funds granted under this application will not be used to supplant federal, state, or local funds, which would otherwise be available to grantee;
v. Provide confirmation that appropriate accounting, auditing, and monitoring procedures will be employed and that records are maintained to assure fiscal control, proper management, and efficient disbursement of the grant funds.

I. Confidentiality of Information

No recipient of funds under this grant shall use or reveal any personal or statistical information furnished under this program for any purpose other than the purpose for which such information was obtained. This provision is intended, among other things, to assure the confidentiality of information provided by students to grantees receiving grant funds.

J. Reporting Requirements

The Grantee is required to submit a claim, attach a copy of the student report form and a copy of all rosters of each class that pertains to the claim that is being submitted for reimbursement.

The grantee is responsible for accurate completion of all paper work connected with the reimbursement claim.

The claim and attachments must be submitted on-line to the MO office at the end of the month. (Exhibit G, sample of an invoice).

Grant recipients are required to maintain appropriate program and financial records that fully disclose the amount and disposition of grant funds received. Financial claims for program expenditures are due no later than **30 days following each course.** Failure to comply with these requirements may result in administrative action such as suspension of payments, termination of grant award, reduction in payment, or non-certification of new grant awards.

The motorcycle training grant claim reimbursement periods are attached. (Exhibit H)

K. Submission Requirements

Voluntary Cancellation. A grantee may elect to terminate the award at any time by notifying MO in writing of the termination date. The grantee is entitled to reimbursement costs for all allowable expenditures incurred up to the new termination date.

Non-Operational Cancellation. A project is considered operational if staff has been hired, funds obligated or when the project has begun activities toward meeting the objectives.

Operational Within 60 Days. If a project is not operational within 60 days of the original start date of the grant period, the grantee must report by letter to MO the steps taken to initiate the project, the reasons for delay and the expected start date.

Operational Within 90 Days. If a project is not operational within 90 days of the original start date of the grant period, the grantee must submit a second statement to MO explaining the implementation delay. Upon receipt of the 90-day letter, MO may cancel the project and redistribute the funds to other projects. MO, where warranted by extenuating circumstances, may also extend the implementation date of the project past

the 90-dayperiod. When this occurs, the appropriate grant files and records must so note the extension.

If a project fails to follow the steps above and is not operational within 90 days, MO will cancel the award.

Non-Compliance Sanctions and Termination. If MO determines that a grantee materially fails to comply with the terms and conditions of a grant award, MO may take one or more of the following actions. These actions will not be taken without reasonable written notice to the grantee and the opportunity for the grantee to present its case, if requested in a timely fashion, to MO.

1. Disallow (deny both use of funds and any applicable matching credit for) or refuse the payment of all or part of the cost of the activity or action not in compliance.
2. Withhold payments to the grantee pending correction of the deficiency.
3. Wholly or partly suspend or terminate the current grant.
4. Suspend other MO issued grant payments and hold future awards to the grantee pending correction of the deficiency.
5. Take other remedies that may be legally available.

In the event that a project is terminated, MO will notify the grantee in writing with the reason and the effective date of the termination. MO will afford the grantee a reasonable time to terminate project operations and will request the grantee seek support from other sources. A project terminated early will be subject to the same requirements regarding audit, record keeping and submission of reports as a project running the duration of the project period.

L. Grant Program and Fiscal Monitoring

Motorcycle Ohio conducts periodic reviews for the financial policies, procedures, and records of grantees. Therefore, upon request, recipients allow authorized representatives of the Motorcycle Ohio program to access and examine all records, books, papers, course files or documents related to the grant. The classroom, equipment, range, storage container and motorcycles are other items the representative may examine.

M. Grants Awarded

All grants are awarded using these qualifications:

1. Enrollment
2. Demographics
3. Fatalities

If there are two or more applicants and only one grant can be awarded, further justification will be required by the Grant Review Committee.

The following documents have to be uploaded and submitted with the grant application to the MO office for acceptance of the grant.

*New grantees must complete forms on-line at Ohio Shared Services (http://www.supplier.obm.ohio.gov/) and also upload into the on-line grant system.

Exhibit D	Motorcycle Ohio Range Authorization Form (only if you are applying to become a new grantee)
Exhibit F	Required Personnel
Exhibit_I	Supplier Information Form *
Exhibit_J	Independent Contractor/Worker Acknowledgement Form *
Exhibit_K	W-9 Form *

Exhibit A

Grantee Requirements

The following is a summary of administrative requirements:

Requirement No.	Requirement
1	Provide the name and contact information of the authorizing official responsible for contact with Motorcycle Ohio. Also provide the contact information for the risk manager or legal counsel who handle claims.
2	Use the Motorcycle Ohio database for registering students courses and report course information;
3	Utilize certified instructors from the list of instructors provided by Motorcycle Ohio;
4	Provide staff and administrative capability to formulate, finalize, and transmit by means of electronic data entry, the reimbursement claim and reports required by Motorcycle Ohio;
5	Record testing results of students in the MO database by noon of the next business day after conclusion of the course;
6	Retain records for courses, incident reports, etc. for a minimum of three (3) years. For minors, the statute of limitations “clock” does not start until they turn 18. SOL is 2 years, so if the student is 15 ½ years old, they would have until they are the age of 20 to file a claim. Retain minor student records for 5 years.
7	Ensure well maintained concrete or asphalt range surface (no pot holes; no loose gravel or debris, no large bumps or surface elevations, no more than 5% grade);
8	Provide classroom facilities which will have, at a minimum, computer with internet access, TV/DVD, internet, dry erase board, chalkboard or large wall paper pads, furniture to accommodate no less than twelve (12) students, and two (2) instructors;
9	Ensure the fiscal structure and financial resources to operate program until state reimbursement is received;
10	Provide a variety of course scheduling possibilities (weekday, weekend, two week, large course, double course, etc.);
11	Conduct a minimum of 18 student courses per calendar year.
12	Conduct student re-tests per ODPS / MO Policy and Procedure Manual when necessary; If retesting is held after the class we allow 1 hour per instructor. Two instructors MUST conduct the retest. There is no practice session. If you’re having a monthly retest, we allot up to three hours per instructor, as a practice session is required. Two instructors are required to conduct practice and testing.
13	Provide training courses to the general public, without geographic limitations or personal discrimination.

14	For any occurrence when a person is injured and / or property damage is sustained, send the Ohio Department of Public Safety Motorcycle Ohio Incident Report Form (MOP 0065) and a state-required police report (OH-1 or equivalent) and any photos (if available), directly to the grantee and the State of Ohio, Office of Risk Management (see Exhibit L) WITHIN 24 HOURS OF THE INCIDENT.
15	Promote training and education programs at the local level.
16	If requested, provide pictures of range, using information provided by MO, and a diagram/with measurements of the pavement used for training. (Attached is a sample of requirements). Email to: Mogen@dps.ohio.gov
17	Submit an annual inventory of all MO equipment to the MO office upon request.
18	All instructors' salary will be paid $26.00 per hour, per curriculum.
20	The BRS, BRS-RR, BRS-2 and ARS courses will be reimbursed as per course cost for 7-12 students. If less than 7 students, the Grantee will be reimbursed per student cost. Motorcycle Ohio suggests that a course should not run if it is less than 4 students.
21	Per Ohio Revised Code 2743.02 a waiver of subrogation is required. Contact your provider and add the waiver of subrogation.

Exhibit B

Grantee Requirements

The following is a summary of the requirements for Miscellaneous Fixed Cost:

Requirement No.	Requirement
1	Provide for no less than one (1) staff member to attend up to two (2) mandatory meetings per year in Columbus;
2	Provide a ABC 10lb fire extinguisher, Type III, Class A first aid kit conforming to or surpassing ANSI/ISEA 2308.1-2015, and fuel for motorcycles; 4501-53-16, (E),(F).
3	Provide a motorcycle storage container with a minimum size of 8' x 40' or a sheltered secure structure for storage that would accommodate 14 motorcycles, helmets and other associated equipment, such as cones, cone cart, toolboxes, battery charger, gas cans, etc.;
4	Provide course range with parameters of no less than 120' x 220' with an additional 20' / 40' run-off, free of light poles, parking area dividers, curbs, grass and / or tree islands, etc.
5	Hire and schedule only MO approved instructors for speaking engagements or events. All speakers will be paid $30.00 flat rate.
6	Hire and schedule only MO certified range painters to layout and paint ranges at their facility. All instructors will be paid a flat rate of $30.00 per hour for paint, layout and design a range. When the instructor leaves home is when their time begins and when they arrive home, their time will end. The Grantee will monitor the total mileage. The total hours to be conducted for painting a range: Touch-up should take 2 hours. Painting should take 4-5 hours. Paint the range from scratch should take 10 hours.
7	Provide paint and chalk for the range painters. The approved paint colors are white and yellow. The approved chalk color is orange.
8	Provide general and professional liability insurance with the minimum limits required in this Agreement. Certificates of insurance shall be attached to the grant application. If you are self-insured, you must obtain a self-insurance certificate or letter from your organization's risk manager, legal representative, or authorized official.
9	All advertisement must be approved by MO. A Request for Purchase Form needs to be completed prior to any advertisement being published and incurring the cost. The advertising allowance is no more than $800.00.

Exhibit C

OHIO DEPARTMENT OF PUBLIC SAFETY
MOTORCYCLE OHIO

QUALITY ASSURANCE (QA) INSPECTION

The inspection and interview process is intended to be a cooperative effort with training providers to confirm compliance or to bring training providers into compliance. Any recommendations for administrative action against any training provider, authorizing official, or instructor shall be at the discretion of the ODPS / MO.

If the authorizing official or site coordinator needs to make changes as a result of non-compliance, the opportunity to remedy the problem may be given in accordance with the Standard Inspection Process established by the ODPS / MO. Set a date for follow-up and / or to re-inspect in accordance with the Standard Inspection Process established by ODPS / MO. Depending on the nature of the violation, the re-inspection may be done by fax or e-mail.

With few exceptions, the standards are worded in the positive form so that a “Yes” response is the one required under the rule. A “No” response will require an explanation and / or correction by the training provider and confirmation from the MO QA staff. The response sections are worded in the positive form so that:

- A “Yes” response is the one required under the rule,
- A “No” response will require an explanation and / or correction by the training provider and confirmation from MO QA staff.
- A “Not Applicable” (N/A) means that this standard is not applicable to the training location under inspection and will require an agreement from ODPS / MO.
- Answering “REF” means that there are attachments as supporting documentation. Supporting documentation may be required for a “Yes”, “No” or “N/A” response depending on circumstance. All supporting documentation must be attached separately and clearly reference the rule it is supporting.
- Answering “Not Applicable” (N/A) means that this standard is not applicable to the training location under inspection and will require agreement from ODPS / MO.
- This inspection report comments on a sampling of the training provider’s documentation, procedures, as well as your facilities and equipment. It reflects a snapshot of what you reported and / or was observed by the MO QA staff during the inspection. This report is not intended to and should not be construed as verification that all of your records and procedures meet the Ohio Administrative Code (O.A.C.) rules.
- It continues to be the training provider’s responsibility to ensure that your documentation and procedures are in compliance with applicable laws and administrative rules throughout the entire year.
- Please be aware that depending upon the nature of rule violations that may have been identified during the inspection, the department may take further action, up to and including administrative action(s).

DEFINITIONS

A. **Motorcycle Ohio (MO)** is the motorcycle safety and education program operated by the department as provided in Ohio Revised Code (R.C.) section 4508.08.

B. **Department** means the Ohio Department of Public Safety.

C. **Director** means the Director of the Ohio Department of Public Safety as set forth in section 121.03(G) of the R.C., or the Director's designee.

D. **Training provider** means any organization (public, private or corporation) approved by the department to train the general public in motorcycle safety and education.

E. **Authorized official** means any person who owns or who maintains responsibility on behalf of an individual for, a corporation, business trust, estate, trust, partnership, or an association for the facilities, equipment, instructors, site coordinators, and other employees of a motorcycle training provider.

F. **Site coordinator** means a person designated by the authorized official of a motorcycle training provider to carry out orders, instruct, and conduct the business and manage the training provider's motorcycle training program.

G. **Skill Waiver Curriculums** means a motorcycle training course is approved by the department that provides a skill waiver card upon the successful completion of the approved curriculum.

H. **Advanced / Experienced Rider Classes** means any experienced or advanced motorcycle training course approved by the department.

I. **Chief Instructor or LITE Trainer** means an instructor specially trained to conduct instructor preparation courses, instructor refresher workshops, and instructor evaluations, to approve ranges, and to conduct training provider inspections.

J. **Classroom** means any room within an approved training provider facility or under contract with a training provider, in which students are taught motorcycle safety and education.

K. **Classroom instruction** means the portion of a motorcycle training course devoted to teaching motorcycle knowledge which does not include the student's operation of a motorcycle.

L. **Completion card** means a card, created by the department that is issued to students who successfully completes an approved Skill Waiver Curriculum through an approved training provider. The completion card may be used for the purpose of obtaining a waiver of the on-cycle skill test pursuant to R.C. section 4507.11.

M. **Motorcycle endorsement** means any driver license with a motorcycle endorsement.

N. **Instructor** means an individual certified by the department to teach a motorcycle training courses approved by the department.

O. **Instructor of record** refers to the instructor hired by a training provider or the department to teach a given course and receive compensation for that course. An instructor volunteering the instructor's teaching services unless assigned by the training provider or department as an instructor is not considered an instructor of record.

P. **Instructor Preparation Course (IPC)** means a course of instruction to teach potential motorcycle instructors how to train the general public in motorcycle safety practices.

Q. **Range** or **riding range** means an off-highway site designed for training riders that does not permit traffic to pass through the site during training.

R. **Range instruction** means a portion of a motorcycle training course devoted to teaching motorcycle skills which includes the student's operation of a motorcycle.

S. **Compliant** means the organization has adhered to regulatory guidelines, polices, user access controls and risk management procedures and has shown proof of via an audit trail.

T. **Non-Compliant / Administrative** means the organization has failed to comply with regulatory guidelines, polices, user access controls, insurance and items relating to the administration of their grant and /or renewal (if applicable).

U. **Non-Compliant / Operations** means the organization has failed to comply with regulatory guidelines and polices in relation risk management procedures.

V. **Audit Trail** means the Training Provider (the authorizing official) that operates the site(s) issues to MO a sequence of paperwork (electronic communications / official statements with letterheads and / or electronic signatures) to instructors and program managers that any violation of applicable laws of the R.C., the O.A.C., Motorcycle Ohio Policy and Procedure Manual, and other local, state, and federal laws will be corrected.

ON-SITE INSPECTION CHECK LIST

Shaded out areas may be verified by the QA field staff.

TRAINING PROVIDER	RANGE NUMBER(S)	PHONE	
ADDRESS	CITY	STATE	ZIP
MO QA INSPECTOR	AUTHORIZING OFFICIAL OR PROGRAM MANAGER		

I. ATTACHMENTS PROVIDED BY PROGRAM MANAGER		
Please attach your current program policies, including: O.A.C. 4501-53-06 & 4501-53-07		
a. Name of curriculum used	☐ ATTACHED	☐ NOT ATTACHED
b. Instructor requirements	☐ ATTACHED	☐ NOT ATTACHED
c. Student / teacher ratios	☐ ATTACHED	☐ NOT ATTACHED
d. Attendance requirements for		
i. Tardiness	☐ ATTACHED	☐ NOT ATTACHED
ii. Course completion	☐ ATTACHED	☐ NOT ATTACHED
iii. Class make up	☐ ATTACHED	☐ NOT ATTACHED
e. ADA policy administration*	☐ ATTACHED	☐ NOT ATTACHED
f. Registration:		
i. Refund	☐ ATTACHED	☐ NOT ATTACHED
ii. Walk-in	☐ ATTACHED	☐ NOT ATTACHED
g. Use of student-owned motorcycles in curriculum(s) approved by the Director	☐ ATTACHED	☐ NOT ATTACHED
h. Record keeping	☐ ATTACHED	☐ NOT ATTACHED
i. Course completion	☐ ATTACHED	☐ NOT ATTACHED
j. Student eligibility requirements	☐ ATTACHED	☐ NOT ATTACHED
k. Harassment and discrimination policies	☐ ATTACHED	☐ NOT ATTACHED
l. Complaint procedures	☐ ATTACHED	☐ NOT ATTACHED
Please attach a copy of financial responsibility as specified in R.C. 4508.	☐ ATTACHED	☐ NOT ATTACHED
Please provide a copy of the professional liability coverage.	☐ ATTACHED	☐ NOT ATTACHED
Please attach a copy of the current waiver and release form.	☐ ATTACHED	☐ NOT ATTACHED
Please attach a list of certified instructors used during the current training season.	☐ ATTACHED	☐ NOT ATTACHED
Please attach a copy of the emergency instructions readily available during range exercises. O.A.C. 4501-53-06	☐ ATTACHED	☐ NOT ATTACHED
Please attach a copy of the Motorcycle Inspection Form (MOP 0050 or equivalent) used prior to each riding session. O.A.C. 4501-53-06	☐ ATTACHED	☐ NOT ATTACHED

I. ATTACHMENTS PROVIDED BY PROGRAM MANAGER (Continued)				
	YES	NO	N/A	REF
Is the training provider's teaching range full size, 120' x 200', plus a minimum of 20 feet of runoff on each side?	☐	☐	☐	☐
a. If **YES**, please attach the current required range documentation as directed by the curriculum provider.	☐ ATTACHED		☐ NOT ATTACHED	
b. If **NO**, then please provide the required range documentation as directed by the curriculum provider.	☐ ATTACHED		☐ NOT ATTACHED	
This may include range diagrams, path of travel, exercise reversals, range hazards, etc. The approved range documentation should be up to date and match the letter of approval from the curriculum provider.				

II. RENEWAL & APPROVAL OF PRIVATE PROVIDER TRAINING O.A.C. 4501-53-09			
Please attach the current certification as issued by the department.	☐ ATTACHED	☐ NOT ATTACHED	☐ N/A

III. PROGRAM ADMINISTRATION				
	YES	NO	N/A	REF
A. Are all of the training provider's curriculum(s) for the Classroom and Range approved by the Director? O.A.C. 4501-53-02 4501-53-07,4501-53-12, 4501-53-14 & 4501-53-15	☐	☐	☐	☐
B. Have all training provider courses been taught pursuant to R.C. section 4508.08? O.A.C. 4501-53-07	☐	☐	☐	☐
C. Have all courses been taught through an approved instructor certified by the Director and who are certified to teach the curriculums(s) assigned? O.A.C. 4501-53-03, 4501-53-04, & 4501-53-07	☐	☐	☐	☐
D. Is the training provider's authorized official and / or site coordinator aware of any suspicion or knowledge of any rule violation or failure of any instructor to conform of the Revised Code? O.A.C. 4501-53-011	☐	☐	☐	☐
E. Has the authorized training provider official or site coordinator been convicted of a felony, or an equivalent conviction from another jurisdiction, or any misdemeanor of the first or second degree which is reasonably related to a person's ability to serve safely and honestly in connection with the motorcycle training program? O.A.C. 4501-53-011	☐	☐	☐	☐
F. Are the training provider's records on-site and accessible for viewing and copying? O.A.C. 4501-53-08	☐	☐	☐	☐
G. Are all required records kept at no longer than 3 years plus the current year? O.A.C. 4501-53-08	☐	☐	☐	☐
H. Is the curriculum taught in sequence and not modified by instructors or training provider? O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14, 4501-53-15	☐	☐	☐	☐
I. Ownership of Training Site O.A.C. 4501-53-06, 4501-53-07 is the established place of business? (Check One)	☐ OWNED	☐ LEASED		
	☐ RENTED	☐ GOVERNMENT AGENCY		
J. Training Site Requirements O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14 & 4501-53-15				
1. At least one fixed location in which a training site operated and where training is conducted?	☐	☐	☐	☐
2. At least one office in a fixed geographic location where records are maintained?	☐	☐	☐	☐

III. PROGRAM ADMINISTRATION (Continued)				
	YES	NO	N/A	REF
3. Maintain at least one classroom where students are instructed?	☐	☐	☐	☐
4. If fixed location is a modular unit, is the structure installed on a permanent foundation?	☐	☐	☐	☐
5. A house trailer, tent, temporary stand, post office box, rooming house, or apartment is not being used by the training provider or its office?	☐	☐	☐	☐
6. An office within a residence or a room in a hotel or motel is not being used as its office?	☐	☐	☐	☐
7. An office or classroom is not shared with any other training provider? (Unless the same person owns both)	☐	☐	☐	☐
K. Training provider's Office Requirements O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14, 4501-53-15				
a. Does office have adequate space to maintain the required records?	☐	☐	☐	☐
b. Does office have a permanent wall of sufficient construction to prevent distractions and noise in the classroom? (If Yes, skip to d.)	☐	☐	☐	☐
c. If no permanent wall exists, is the office closed for business during the classroom instruction?	☐	☐	☐	☐
d. Is the office located in the same county as, or in a county adjacent to, the training provider for which student records are being stored?	☐	☐	☐	☐
L. Training Provider Site Coordinator Responsibilities O.A.C. 4501-53-06, 4501-53-07				
a. Perform administration and operation of the motorcycle training course?	☐	☐	☐	☐
b. Perform an ongoing review and evaluation of the course content, instructors, and student performance?	☐	☐	☐	☐
c. Perform the assignment of Instructors and scheduling of program courses? (If no, please explain on a separate sheet of paper and return with this form.)	☐	☐	☐	☐
d. Prepare or approve all documents required to be submitted to the department?	☐	☐	☐	☐
e. Assure the adequacy of all course training materials?	☐	☐	☐	☐
f. Assure the safe operating condition of all motorcycles provided by the site for skill waiver classes?	☐	☐	☐	☐
g. Assure the course meets the curriculum requirements set forth in O.A.C. 4501-53-02, 4501-53-12, 4501-53-14 and / or 4501-53-15?	☐	☐	☐	☐
h. Have a sufficient number of certified instructors to ensure the correct student / teacher ratios?	☐	☐	☐	☐
M. Within 24 hours of completing curriculum(s) for the Classroom and Range approved by the Director, does the training provider complete and submit online to the department a student report form?				
a. Training provider name and address	☐	☐	☐	☐
b. Name of authorized official and site coordinator, if applicable	☐	☐	☐	☐
c. Signature of authorized official O.A.C. 4501-53-08	☐	☐	☐	☐
d. Instructor names	☐	☐	☐	☐
e. Class type	☐	☐	☐	☐
f. Student information including; name, address, date of birth, driver license number and gender	☐	☐	☐	☐

III. PROGRAM ADMINISTRATION (Continued)				
	YES	NO	N/A	REF
g. Each student's score on the knowledge test and skill test	☐	☐	☐	☐
h. Each student's status code, listed as pass or fail	☐	☐	☐	☐
i. The completion card number for each student passing the course O.A.C. 4501-53-08	☐	☐	☐	☐
N. Completed, dated and signed waivers? O.A.C. 4501-53-08, 2011 Policy & Procedure Manual	☐	☐	☐	☐
O. Accident and Incident forms properly filled out signed and reported to the training provider and Motorcycle Ohio within 24 hours of the incident? O.A.C. 4501-53-08, 2011 Policy and Procedure Manual page 20	☐	☐	☐	☐
P. Course evaluation forms filled out for each class? O.A.C. 4501-53-08	☐	☐	☐	☐
Q. Training provider's Classroom Requirements O.A.C. 4501-53-06, 4501-53-07, 4501-53-14, 4501-53-15				
a. Does classroom comfortably accommodate at least 12 students and 2 instructors?	☐	☐	☐	☐
b. Equipped with a variety of audio and visual training aids that support the course curriculum?	☐	☐	☐	☐
c. Reasonably free of visible and audible distractions and present an atmosphere adequate for learning?	☐	☐	☐	☐
d. A clean and functional restroom that is available for students within its facility?	☐	☐	☐	☐
e. Conform to all federal, state, local fire, building, and safety regulations?	☐	☐	☐	☐
f. When applicable are class materials provided to each and every student?	☐	☐	☐	☐
R. Does the training provider enforce the use of proper riding gear below O.A.C. 4501-53-02, 4501-53-12, 4501-53-14 & 4501-53-15				
a. Eye protection?	☐	☐	☐	☐
b. DOT approved helmet?	☐	☐	☐	☐
c. Sturdy over the ankle footwear?	☐	☐	☐	☐
d. Long sleeved shirt or jacket?	☐	☐	☐	☐
e. Sturdy full length pants without holes or tears?	☐	☐	☐	☐
f. Full fingered gloves?	☐	☐	☐	☐

IV. TRAINING PROVIDER INSURANCE O.A.C. 4501-53-07 & 4501-53-13				
	YES	NO	N/A	REF
A. Does the training provider realize that failure to attain the required insurance coverage including the record of current coverage may result in the suspension or revocation of a certification?	☐	☐	☐	☐
B. Is the insurance coverage acquired from a company licensed to do business in this state?	☐	☐	☐	☐
C. Is the coverage in effect as long as the training provider is operating a motorcycle training course?	☐	☐	☐	☐
D. Does the training provider have proof of the insurance coverage in the training provider's office and with all motorcycles used for instruction?	☐	☐	☐	☐

IV. TRAINING PROVIDER INSURANCE (Continued) O.A.C. 4501-53-07 & 4501-53-13				
E. Is the certificate of insurance available for inspection during reasonable hours?	☐	☐	☐	☐
F. Does the training provider maintain the required insurance coverage as follows:				
a. No less than one million dollars per occurrence and two million dollars aggregate for bodily injury of property damage?	☐	☐	☐	☐
b. Medical coverage in the amount of ten thousand dollars for each individual injured?	☐	☐	☐	☐
c. Provide for coverage from the first dollar for students injured without their own medical coverage?	☐	☐	☐	☐
d. Are the training provider and the state of Ohio each named as an additional insured?	☐	☐	☐	☐

V. INSTRUCTOR CERTIFICATION, QUALIFICATIONS TO TEACH & PROFESSIONAL STANDARDS				
	YES	**NO**	**N/A**	**REF**
A. Is the training provider using only Motorcycle Ohio certified Instructors? O.A.C. 4501-53-03	☐	☐	☐	☐
B. Has the training provider observed instructors teaching a training course? O.A.C. 4501-53-03, 4501-53-08	☐	☐	☐	☐
C. To the best of knowledge have the Instructors taught at least two state sponsored courses each year? O.A.C. 4501-53-05. 2011 Policy & Procedure Manual page 13	☐	☐	☐	☐
D. Do the Instructors used by the training provider meet the following? O.A.C. 4501-53-04				
1. Conduct training that conforms to standards of other persons certified to teach under similar circumstances?	☐	☐	☐	☐
2. Wear proper riding gear while traveling to, from, and during motorcycle courses or attending motorcycle functions representing themselves as Instructors including:				
i. Eye protection	☐	☐	☐	☐
ii. DOT helmet	☐	☐	☐	☐
iii. Sturdy over the ankle footwear	☐	☐	☐	☐
iv. Long sleeved shirt or jacket	☐	☐	☐	☐
v. Sturdy full length pants without holes or tears	☐	☐	☐	☐
vi. Full fingered gloves	☐	☐	☐	☐
3. Maintain an alcohol-free and drug free course environment? O.A.C. 4501-53-04	☐	☐	☐	☐
4. Conduct them in a professional manner, including? O.A.C. 4501-53-04				
i. Appearance	☐	☐	☐	☐
ii. Behavior	☐	☐	☐	☐
E. Does not discriminate in the provision of motorcycle training on the basis of color, religion, sex, or national origin. O.A.C. 4501-53-04	☐	☐	☐	☐
F. Consistently demonstrate a standard of knowledge and competency that at least meets the minimal level required under the Instructor's certification to teach. O.A.C. 4501-53-04	☐	☐	☐	☐

VI. SKILL WAIVER CURRICULUMS				
	YES	NO	N/A	REF
A. Classroom Instruction				
a. Does the Basic Rider Skills include at least 4 hours of the classroom time? O.A.C. 4501-53-02	☐	☐	☐	☐
b. Does the training provider following the classroom instructor-to-student ratio of one Instructor for a maximum of twenty four registered students? O.A.C. 4501-53-02	☐	☐	☐	☐
B. Range Instruction				
a. Do all students have a valid temporary permit, a motorcycle endorsement, or a motorcycle-only license prior to participating in range instruction? O.A.C. 4501-53-02, 4501-53-14	☐	☐	☐	☐
b. Does the training provider's include at least 6 hours of range time? O.A.C. 4501-53-02	☐	☐	☐	☐
c. Does the maximum number of students allowed for on-cycle instruction not exceed the approved range size? O.A.C. 4501-53-02, 4501-53-14	☐	☐	☐	☐
d. Does the training provider hold classes with one instructor; no fewer than two students to no more than six students being the maximum number of students allowed for on-cycle instruction? O.A.C. 4501-53-02, 4501-53-14	☐	☐	☐	☐
e. Does the training provider provide training motorcycles with 100cc to 500cc engine displacement? O.A.C. 4501-53-02, 4501-53-14	☐	☐	☐	☐
f. If student owned motorcycles are allowed in the skill waiver class, do they meet the requirements of MO? O.A.C. 4501-53-06	☐	☐	☐	☐

VII. EXPERIENCED / ADVANCED RIDER CURRICULUMS				
	YES	NO	N/A	REF
A. Do all participants operating a motorcycle have a valid motorcycle endorsement or motorcycle-only license?	☐	☐	☐	☐
B. Does the advanced class consist of a minimum of five hours of range work?	☐	☐	☐	☐
C. Range exercises taught by 1 instructor with no more than 6 riders and 6 co-riders?	☐	☐	☐	☐
D. Are the range exercises taught by two instructors with more than 7 riders and co-riders but not more than 12 riders and 12 co-riders (when applicable)?	☐	☐	☐	☐
E. Does the training provider provide motorcycles to be used in the course? O.A.C. 4501-53-14 & 4501-53-15	☐	☐	☐	☐
F. Is the Advanced rider / Rider Coach range ratio 12:2, with a requirement that two Rider Coaches conduct the range exercises no matter the class size?	☐	☐	☐	☐

VIII. TRAINING PROVIDER RANGE REQUIREMENTS				
	YES	NO	N/A	REF
A. Is the entire range free from obstructions, loose gravel, debris, and parked cars? O.A.C. 4501-53-06, 4501-53-07	☐	☐	☐	☐
B. Is the range area blocked off from all vehicular and pedestrian traffic during range training? O.A.C. 4501-53-06	☐	☐	☐	☐
C. Marked to provide a clear path of travel for the students and visible cone positions for the instructors? O.A.C. 4501-53-06	☐	☐	☐	☐
D. Do you have on hand an industrial-sized First Aid Kit readily available during range exercises? O.A.C. 4501-53-06	☐	☐	☐	☐
E. Do you have on hand a 10 pound fire extinguisher with a class ABC rating that has been hydrostatic tested every 5 years and charged every 2 years readily available during range exercises? O.A.C. 4501-53-06	☐	☐	☐	☐
F. Is smoking allowed in only safe areas during breaks? O.A.C. 4501-53-06	☐	☐	☐	☐
G. Are only 2” cones used during range exercises? If not, please specify size used. O.A.C. 4501-53-06	☐	☐	☐	☐
H. While spectators are welcome, are they prohibited from the range during training exercises? O.A.C. 4501-53-06	☐	☐	☐	☐
I. Are Instructors-not-of-record (visiting, non-certified by MO) prohibited from instructing? O.A.C. 4501-53-06	☐	☐	☐	☐
J. Do Instructors have access to an emergency phone within a reasonable proximity of the classroom and range? O.A.C. 4501-53-06	☐	☐	☐	☐
K. Are rest rooms and drinking water within reasonable proximity of the classroom & range? O.A.C. 4501-53-06	☐	☐	☐	☐

QUALITY ASSURANCE (QA) INSPECTION SUMMARY

FOR MOTORCYCLE OHIO USE ONLY

QUALITY ASSURANCE VISIT

☐ COMPLIANT ☐ NON-COMPLIANT/ ADMINISTRATIVE ☐ NON-COMPLIANT / OPERATIONS

Reason Why Non-Compliant / Rule Violation:

If NON-COMPLIANT, is a follow up visit scheduled?

☐ YES - If yes, please provide the follow up and / or re-inspecting date:
☐ NO - If the follow-up is completed by fax or e-mail please attach the supporting Audit Trail to mogen@dps.ohio.gov

DATE

☐ TELEPHONED ☐ ON-SITE CONSULTATION ☐ LETTER / E-MAIL

TRAINING PROVIDER	RANGE NUMBER(S)

TO:

During your Motorcycle Ohio Quality Assurance inspection on the following discrepancies were noted.

Violation

Action required by training provider

Corrective action measures and any Audit Trail (supporting documentation) should be sent to mogen@dps.ohio.gov.

This area left blank for comments by the Authorizing Official or Site Coordinator.

HAVE YOU REVIEWED INFORMATION?	AUTHORIZING OFFICIAL OR SITE COORDINATOR	DATE
☐ YES ☐ NO		

This area left blank for comments by the QA Field Staff.

HAVE YOU REVIEWED INFORMATION?	QUALITY ASSURANCE FIELD REPRESENTATIVE	DATE
☐ YES ☐ NO		

This area left blank for comments by the State Coordinator.

HAVE YOU REVIEWED INFORMATION?	STATE COORDINATOR	DATE
☐ YES ☐ NO		

OHIO DEPARTMENT OF PUBLIC SAFETY

MOTORCYCLE OHIO
RANGE AUTHORIZATION REQUEST

RANGE INFORMATION

Motorcycle Ohio reserves the right to ask Training Providers for further description of any safety hazard, significant or otherwise, whether in or outside the range or runoff area. Training may not take place until the range has been approved by Motorcycle Ohio and the Training Provider has received written notice of approval. The act of submitting documentation for a new or relocated range does not constitute permission to conduct training on the proposed range.

Motorcycle Ohio reserves the right to ask Training Providers for written authorization from the property owner for use of the land at each training location.

DEFINITIONS

Standard Range - a full size range (120' x 220') completely free of any obstacles / potential obstacles* or problematic surface conditions** within the riding and runoff area.

Alternate Range - a range layout currently approved in the Motorcycle Ohio library. Alternate ranges are less than full size and must be completely free of any obstacles / potential obstacles* and / or problematic surface conditions** within the riding and runoff area.

Modified Range

1) A "custom," sponsor-designed range that does not exactly match standard or alternate range sizes and layouts,

OR

2) Any range with obstacles / potential obstacles* and / or problematic surface conditions** within the riding and runoff area.

***Obstacles / Potential Obstacles** (include, but are not limited to):

• Curbs • Light Poles • Buildings • Islands • Trees • Walls or Fences • Speed Bumps • Drop-Offs

****Problematic Surface Conditions** (include, but are not limited to):

• Drains or Grates • Potholes • Rough Surfaces • Cracks in Surface

ALL RANGES MUST HAVE A MINIMUM OF 20 FEET OF PAVED RUNOFF

REQUIREMENTS WHEN SUBMITTING PROPOSED MODIFIED RANGE DIAGRAMS

Requirement 1

Contact an experienced, actively certified Chief Instructor, LITE Trainer or your state coordinator for assistance with your proposed range.

Requirement 2

Draw the range layout and path of travel for exercises 2 through 17 (one diagram per exercise per page). Note the range scale on each page and label all dimensions in all directions. Simple ¼" ruled graph paper with a ¼" = 10 feet scale is recommended. The same scale must be used for each exercise. Computer-generated diagrams are acceptable as long as all other diagram requirements are met.

Requirement 3

Identify all obstacles / potential obstacles*, and problematic surface conditions** within the riding area as well as in the 20' of paved runoff. A minimum 20' of separation must be maintained between all paths of travel and obstacles. Obstacles should not inhibit the line of sight between Instructor and participant.

Requirement 4

For each and every exercise (one per page), illustrate the student's path of travel and indicate the distance between the path of travel and any obstacle (at the closest point where the student passes by that obstacle).

OR–

Diagrams with appropriate dimensions may be used for submission. The obstacles / potential obstacles* or problematic surface conditions** must be depicted on the diagram for each exercise. The student's adjusted path of travel with at least 20 feet of separation from any obstacles must be depicted for each exercise. For problematic surface conditions, the path of travel may be closer than 20 feet but it is not recommended that a path of travel cross over the area.

GUIDELINES FOR RANGE PHOTOGRAPHS

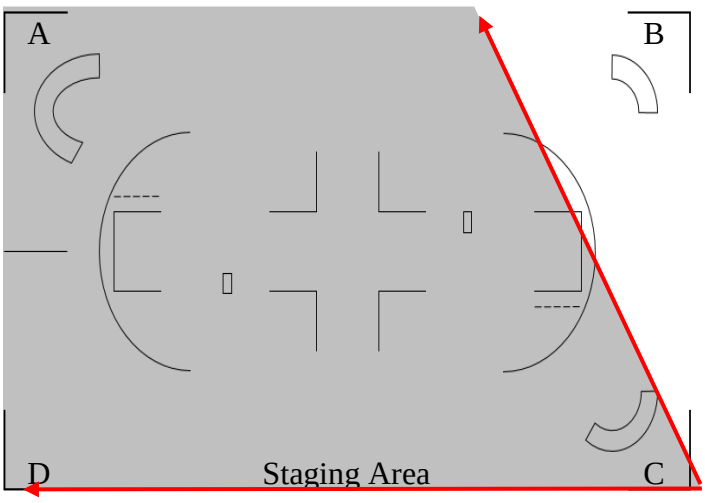
The purpose of the range photos is to provide Motorcycle Ohio with a 360-degree view of the entire range (including the middle) and the 20' run-off area, including the overall surface condition. Since it is possible that your range design may not be accepted as submitted, it is strongly suggested that you DO NOT paint your range until it has been formally recognized by Motorcycle Ohio.

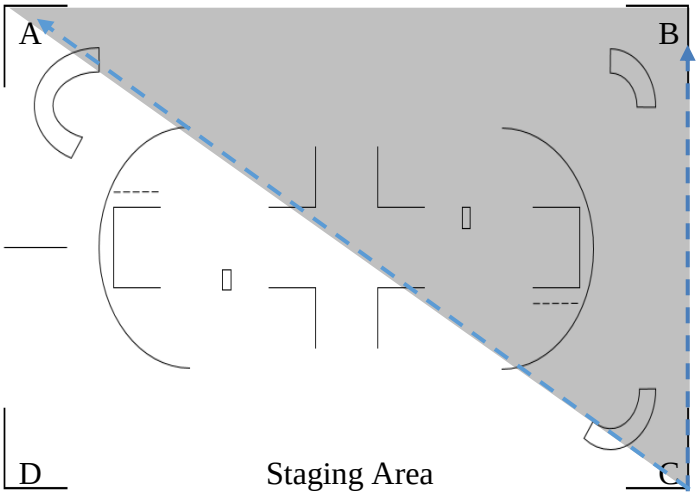
Requirements

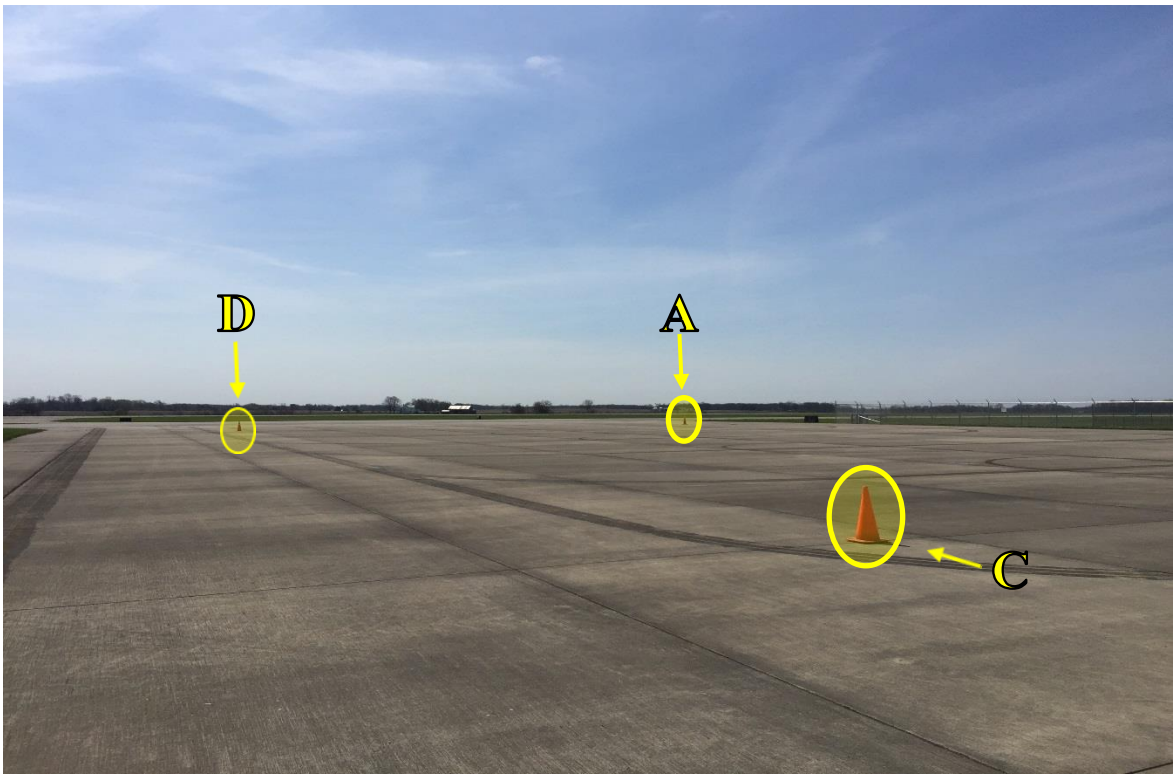
- Digital photographs only
- Photos must be clear and sharp
- File size limits are 10 meg per e-mail
- A minimum of 8 color photos is required
- Satellite and aerial photos are not acceptable as replacements for ground level photos

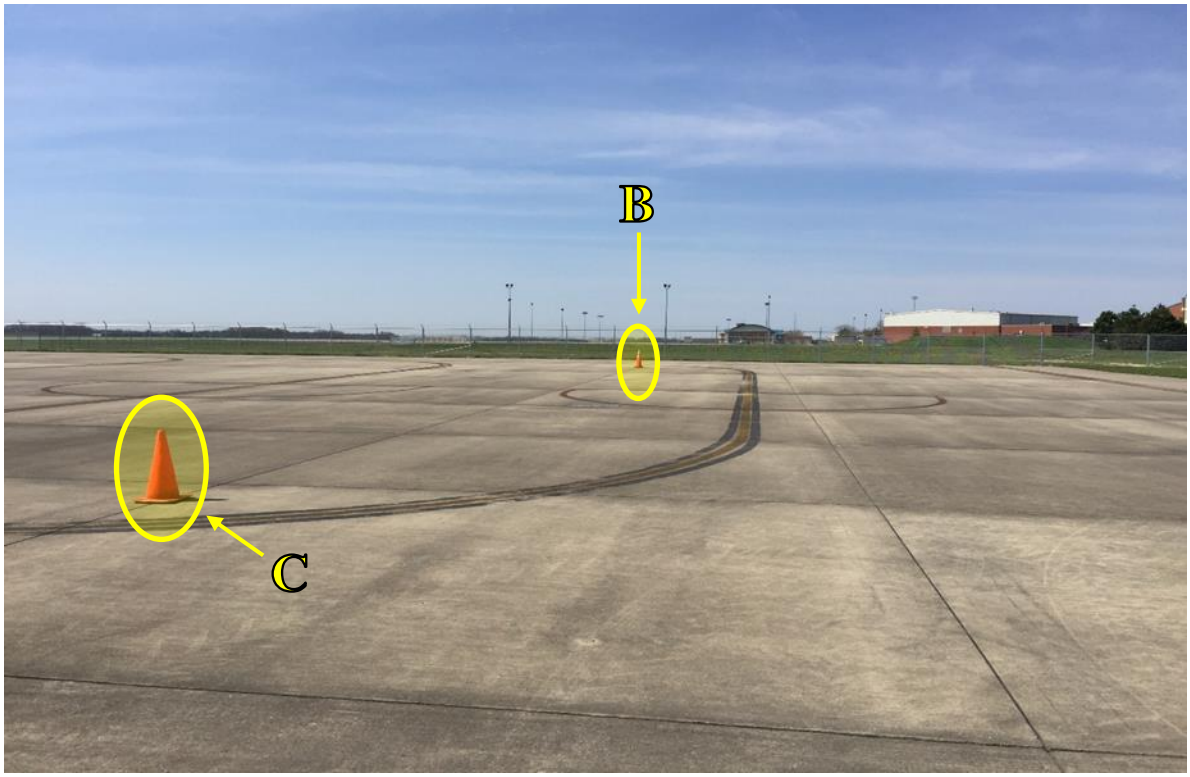
Instructions

1) Before taking photos, place a **visible** marker (i.e. large traffic cones) at each corner of the range area.
2) Take two photos from each corner. See the diagram below and attached pictures for reference.
   - **Photo 1: Long-side View** Includes 3 corners of the range, the corner nearest the photographer and the two farthest corners (area within the red lines below).
   - **Photo 2: Short-side View** Includes 2 corners, the corner nearest the photographer and the next closest corner (area within the blue dashed lines below).
   - **Tip:** Photographer should stand approximately 20 ft. back from each corner.
3) Use descriptive file names for your photos (e.g., C-longside.jpg).
4) Include photographs of any surface conditions (e.g., drain or manhole cover) located on the range or in the run-off area.
5) E-mail photos to Mogen@dps.ohio.gov. *Note: file size limits are 10 megabytes per e-mail.*






D
A
C


B
C

OHIO DEPARTMENT OF PUBLIC SAFETY

MOTORCYCLE OHIO
RANGE AUTHORIZATION REQUEST

Instructions

- Complete one Range Authorization Request (RAR) for each proposed range
- Include photos of the proposed range as depicted in Motorcycle Ohio Guidelines for Range Photographs
- Include diagram(s) for paths of travel
- Return the completed form & range photos to Mogen@dps.ohio.gov
- Call (800) 837-4337 for technical assistance

RANGE INFORMATION

BUSINESS NAME OF TRAINING PROVIDER			RANGE NUMBER	
NAME OF RANGE LOCATION			RANGE NICKNAME	
PHYSICAL STREET ADDRESS OF RANGE		CITY	STATE	ZIP
COUNTY	ENROLLMENT PHONE #	IS THIS RANGE SHARED WITH ANOTHER TRAINING PROVIDER? ☐ YES ☐ NO		

THIS SECTION MUST BE COMPLETED BY AN ACTIVE CERTIFIED CHIEF INSTRUCTOR OR LITE TRAINER.

RANGE TYPE (Check only one – definitions are on page 1 of this form)

☐ STANDARD RANGE	☐ ALTERNATE RANGE	☐ MODIFIED RANGE
Length: **220** ft. Width: **120** ft.	Length: _____ ft. Width: _____ ft.	Length: _____ ft. Width: _____ ft.
Layout is as depicted in the Instructor Guide.	Submit page 1 of the appropriate diagram.	Submit diagrams for Ex 2-17. (one page per exercise)

BASIC RIDER SKILLS COURSES TO BE CONDUCTED AT THIS RANGE

☐ BRS	☐ BRS-RR	☐ Other:

Motorcycle Ohio requires all ranges to have a minimum of 20 feet of paved run-off.

The Training Provider, in consultation with an active Motorcycle Ohio Certified Instructor, shall determine whether the range location and configuration is appropriate in light of any safety hazards beyond 20 feet from the range.

I affirm that I am a currently active Motorcycle Ohio Certified Instructor and have inspected the above-stated site and the proposed range layout. I affirm that the dimensions, runoff space, and photographs are accurate as indicated and that the range location and configuration is appropriate.

INSTRUCTOR NAME (Print)		MOTORCYCLE OHIO ID #
INSTRUCTOR SIGNATURE **X**	DATE	PHONE

AUTHORIZING OFFICIAL

NAME (Print)	PHONE
SIGNATURE **X**	DATE

STATE OR MILITARY COORDINATOR SIGNATURE

I am aware that this range is being applied for under:	
COORDINATOR NAME (Print)	(fill in Business Name of Training Provider above)
COORDINATOR SIGNATURE **X**	DATE

MOTORCYCLE OHIO USE ONLY

☐ RENEWAL ☐ CHANGE IN STATUS

Exhibit E

Request to Purchase Form

REQUEST TO PURCHASE

Instructions:

- All required fields are marked with an *.
- Use the **Save** button to save text and calculate data on each page.
- Hit **Save** before you proceed to another page.
- Save at least every 30 minutes to avoid losing data.

Name of Agency: **Grant #:**

Educational and/or promotional (including incentives) items being requested must meet the following guidelines:

1. Item(s) requested must be motorcycle awareness related.
2. Item(s) requested must contribute to meeting the objectives of the grant.
3. Request form and approval is required on all purchases.
4. All public service announcements funded with federal funds, in whole or in part, must be closed captioned for the hearing impaired.
5. A final draft of all promotional materials must be submitted to the MO for approval prior to production.
6. **All printed materials are to include federal sponsorship credit and/or disclaimer clauses as directed by Motorcycle Ohio. The credit line shall state: Funded by U.S. DOT/NHTSA and ODPS/OTSO w/ODPS logo.**

Item(s) Requested:

*

Justification for need of item(s):

*

If revisions are needed, itemize what category funds are being removed from:

Exhibit E

Total number to be produced or purchased? *

Total Cost: *

Is item(s) in budget? ○ Yes ○ No *

Supporting documentation must be attached (draft for printing, cost estimate from vendor, etc.)

Browse... *

*To upload multiple documents, hit **SAVE** at the top and a new row will appear.*

DO NOT PURCHASE UNTIL APPROVAL IS RECEIVED FROM MO

MO Use Only

Reviewed By: *

Date Reviewed: *

○ **Approved** ○ **Denied** ○ **Approved with needed modifications**

Modifications Needed:

If denied, state reason:

Exhibit F

Required Personnel

List the name of the person(s) who is responsible for the following assigned personnel.

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

	Name	Phone number	Email address
Name of the Authorizing Official			
Name of the Project Director			
Name of the Fiscal Officer			

MOTORCYCLE OHIO

Exhibit G

MONTHLY GRANTEE CLAIM REIMBURSEMENT DETAILS

Instructions:

- All required fields are marked with an *.
- Use the **Save** button to save text and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- This proposal form will calculate a per student cost.

MOG USE ONLY	
Final?	
Refunded Amount:	
Cancellation Amount:	
Tracking Number:	MO000006

Grant Number:

Grantee Name and Address:

Budget Period: 09/01/2017 * to 09/30/2017 *

Instructional Course Itemized Costs

Instructional Course Description	Date	Course Code	# of Students	Amount Requested

Instructional Course Budget Overview

Instructional Course Description	Approved Budget per Instructional Course Description	Current Monthly Amount Requested	Total of Previous Monthly Amounts Requested	Cumulative Total of Amounts Requested	Remaining Balance of Approved Budget
Basic Rider Skills Course Single					
Basic Rider Skills Course Double					
Basic Rider Skills Course - Returning Rider					
Basic Rider Skills Course - 2					
Advanced Rider Skills Course					
Total of Instructional Course					

Miscellaneous Fixed Costs & Budget Overview

Miscellaneous Fixed Costs Description	Approved Budget Per Miscellaneous Fixed Costs Description	Current Monthly Amount Requested	Total of Previous Monthly Amounts Requested	Cumulative Total of Amounts Requested	Remaining Balance of Approved Budget
Fire Extinguisher(s) ABC 10 lb.	$600.00				
Range Paint	$500.00				
Paint Striper	$150.00				
Advertisement	$800.00				
Re-test	$2,000.00				
Community Outreach	$300.00				
First Aid Supplies	$500.00				
Easel Pads	$300.00				
Storage Container	$3,000.00				
Motorcycle Parts	$2,500.00				
Meeting Mileage Total Mileage:	$104.00				
Miscellaneous Item (Describe)	$100.00				
Miscellaneous Item (Describe)	$200.00				

Exhibit H

Motorcycle Training FY2019 Grant
Invoicing Periods

Start Date	End Date	Due Date
7/1/2018	7/31/2018	8/31/2018
8/1/2018	8/31/2018	9/30/2018
9/1/2018	9/30/2018	10/31/2018
10/1/2018	10/31/2018	11/30/2018
11/1/2018	11/30/2018	12/31/2018
3/1/2019	3/31/2019	4/30/2019
4/1/2019	4/30/2019	5/31/2019
5/1/2019	5/31/2019	6/30/2019
6/1/2019	6/30/2019	7/31/2019

Exhibit I

SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

☐ NEW (W-9 OR W-8ECI FORM ATTACHED) ☐ CHANGE OF CONTACT PERSON/INFORMATON

☐ ADDITIONAL ADDRESS

☐ CHANGE OF ADDRESS – (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED:

☐ CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM ☐ CHANGE OF NAME (W-9 & A CHANGE OF NAME FORM)

☐ CHANGE OF PAY TERMS ☐ CHANGE OF PO DISPATCH METHOD ☐ OTHER_____

SECTION 2 – PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)[1] :

SECTION 3 – REMIT TO ADDRESS (REQUIRED)

ADDRESS:		COUNTY:
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:
CONTACT NAME:		
PHONE:	FAX:	E-MAIL:

SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:		COUNTY:
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:

SECTION 5 – CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW – (BUSINESSES ONLY)
NAME:
E-MAIL:
TO ADD AN ADDITITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT ☐ ADDITIONAL STRATEGIC SOURCING CONTACT ☐ REPLACE SS CONTACT (WILL BE MARKED INACTIVE)
NAME:
E-MAIL:
SECTION 6 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below
☐ 2/10 NET 30 ☐ NET 30
SECTION 7 – PURCHASE ORDER DISTRIBUTION–OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)
E-MAIL OR FAX:
SECTION 8 – PLEASE SIGN & DATE (REQUIRED)
PRINT NAME:
SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED) DATE:
SECTION 9 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)
AGENCY CONTACT NAME/E-MAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.
[1] Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

Email: supplier@ohio.gov
Fax: 1 (614) 485-1052
Mail: Ohio Shared Services
Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
Website: www.ohiosharedservices.ohio.gov/
Email: supplier@ohio.gov

Exhibit J

Directions for OPERS Independent Contractor/Worker Acknowledgment:

Step 1: Please provide your “Personal Information”.

Step 2: Please fill out the fields in the “Public Employment Information” section, as follows:

Name of Public Employer: Ohio Department of Public Safety (ODPS)

Employer Contact: Robert Schiefer

Employer Code: 1450-08

Employer Contact Phone Number: (614)752-7876

Employer Contact Email Address: rfschiefer@dps.ohio.gov

Service Provided to Public Employer: Please provide a brief narrative of what service (s) you are providing to the ODPS.

Start Date of Service: Please look at your contract and find the signature page. List the start date of the contract as the date the ODPS Director signed the contract.

End Date of Service: On your contract, look on page 1 “TER<”. It should read: “This Agreement is to be effective from receipt of a purchase order through June 30, 2018. Record 6/30/2018 on the OPERS form.

Step 3: Acknowledgment

Please sign and date this form and return via US mail or email to the contact list above.

INDEPENDENT CONTRACTOR/WORKER
ACKNOWLEDGMENT

OPERS
Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642
Employer Outreach: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

___ — __ — ____

First Name | MI | Last Name

Name of Current Employer

STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

Employer Contact

First Name | MI | Last Name

Employer Code

Employer Contact Phone Number

___ — ___ — ____

Service Provided to Public Employer

Start Date of Service

Month / Day / Year

End Date of Service

Month / Day / Year

 (continued on back)

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. If entering into a contract to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, the pension portion of your benefit will be forfeited during the period of the contract. The annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract.

This acknowledgement will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature_____ Today's Date_____/_____/_____

Do not print or type name

Exhibit K

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Exhibit L

What to do in case of an accident involving injury or property damage

1. Complete the required incident form(s) and take photos as directed by Motorcycle Ohio.

2. Provide the injured party or property owner with the Grantee's contact information for filing a claim.

3. Notify the appropriate personnel within the Grantee's organization of the incident, following the guidelines established with them.

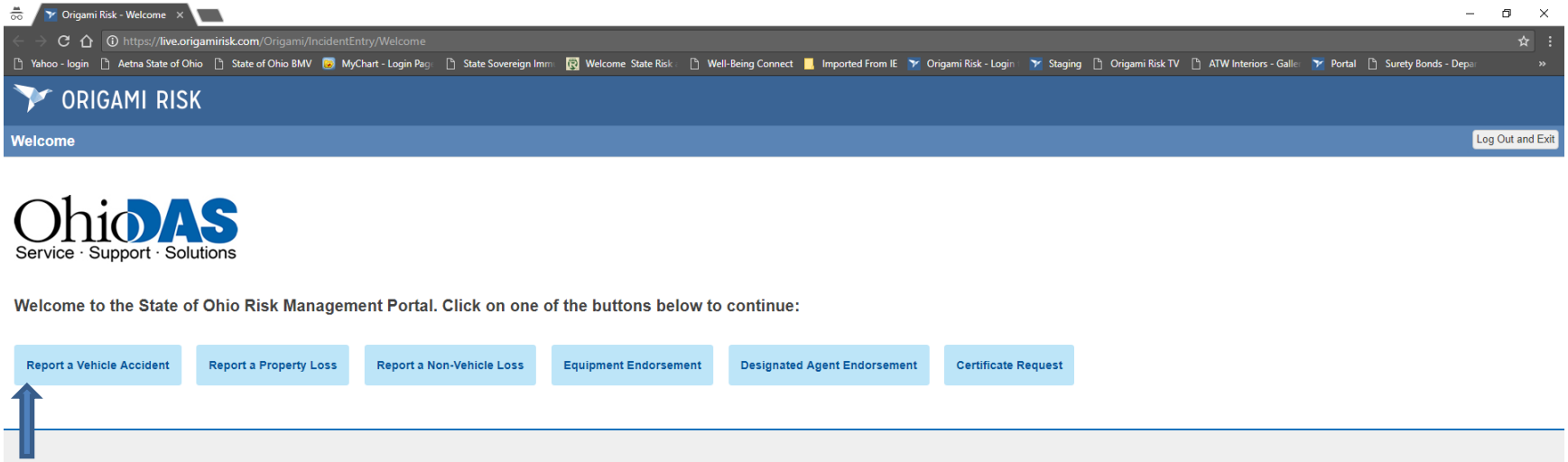
4. Submit a vehicle accident report within 24 hours via the State of Ohio Risk Management Portal (www.das.ohio.gov). A user guide has been provided to you (Exhibit M). Attach the photos, the incident report, the signed waiver and the certificate of insurance for the Grantee's insurance. Provide the contact information for any additional injured parties or property owners. Please make sure the total size of all attachments does not exceed 14MB. Any additional documents, or information provided after the portal event has been submitted can be emailed to das.riskmanagement@das.ohio.gov .

5. Once the incident is entered into the portal, the system will send confirmation to the email address entered for the reporter.

Exhibit M

Entering a Motorcycle Ohio Rider Education Course Incident in the Risk Management Portal

1. Go to www.das.ohio.gov/riskmanagement
2. Click on the SOH Risk Management Portal
    a. Note: If creating a shortcut or bookmark, create it for the risk website, rather than directly to the portal.



3. Select “Report a Vehicle Accident” for all Motorcycle Ohio course incidents.
4. Enter all of the available incident information.

Origami Risk - New Even

Secure | https://live.origamirisk.com/Origami/LossEvents/New?_collectionLinkItemID=3&LossEventTypeID=1

Yahoo - login | Aetna State of Ohio | State of Ohio BMV | MyChart - Login Pag | State Sovereign Imm | Welcome State Risk | Well-Being Connect | Imported From IE | Origami Risk - Login | Staging | Origami Risk TV | ATW Interiors - Galle | Portal | Surety Bonds - Depa

Save Changes or Cancel

Vehicle Accident

NOTE: Please be sure your Caps Lock is OFF.

Reporter's Information

Name *	Your Name
Email *	Your Email
Phone Number *	Your Phone #

Vehicle Accident Details

Loss Event Type	Vehicle Accidents
Event Number *	Empty to autogenerate
Accident Date *	09/13/2017
Accident Time	04:06 PM
Law Enforcement Agency	
Report Number	
State Driver Citation?	
Event Cause *	Crashed Motorcycle
Event Description *	Student braked before straightening the bike and fell onto left side.
Road Condition	Dry
Weather Condition	Clear
Light Condition	Daylight

State Agency

Agency *	*Department of Public Safety
State Entity *	Motorcycle Ohio
ARN/SP Number	ODOT and DPS Only

Always Department of Public Safety and Motorcycle Ohio

Location Where Accident Occurred

Event Location	Owens Community College
County	48 - Lucas
Street1	On Private Property
Street2	
City	Toledo
State	Ohio
Postal	
Report Date	09/14/2017

State Information

State of Ohio Driver Details

State Driver *	Last, First
Driver Phone Number	
Supervisor Name	Last, First
Supervisor Phone	
Supervisor Email	

Student is State Driver. Supervisor remains blank

State Vehicle Information

State Owned? *	Yes
Vehicle Type	Light Equipment
Plate #	GZ101
Year	2012
Make	Suzuki
Vehicle Model	GZ250
VIN	100537
SV Drivable?	Drivable
Location of State Vehicle	If Not Drivable, where was it towed?
Primary Vehicle Damages	

Motorcycle Ohio Public Provider Incidents

Public Provider Name
Site Coordinator Name
Site Coordinator Phone
Instructor 1 Name
Instructor 1 Phone
Instructor 2 Name
Instructor 2 Phone

Description of Injuries and Damage
Describe injuries to students, bystanders, instructors and any property damaged

Motorcycle Ohio Specific Fields

If you do not see these fields, you did not select Motorcycle Ohio in the State Entity field above.

Other Party Involved (Non-State)

Was another person or vehicle involved? *

Role
Possible Injury?
Is a Business?
First Name
Middle Initial
Last Name
Company Name

Phone Number
Address 1
Address 2
City
State
Postal Code

Enter information about the person(s) injured or the owner of the property that was damaged by the bike.

Damages

Primary Vehicle Damages
Primary Property Damages

Insurance Information

Ins Co Name
Phone Number
Policy #

Vehicle Information

Year
Make
Model
Plate Number
Drivable?
Vehicle Location

Was there anyone else involved?

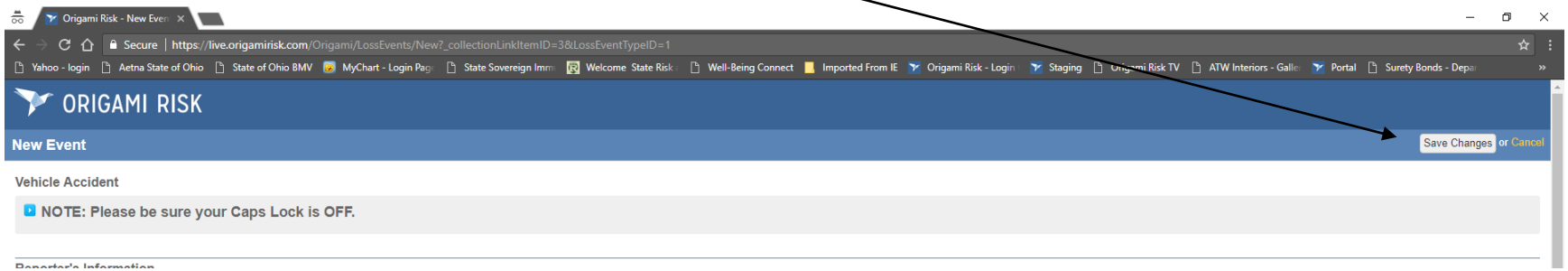
Passengers, witnesses, other vehicles

Injuries?
No injuries
Possible Injuries

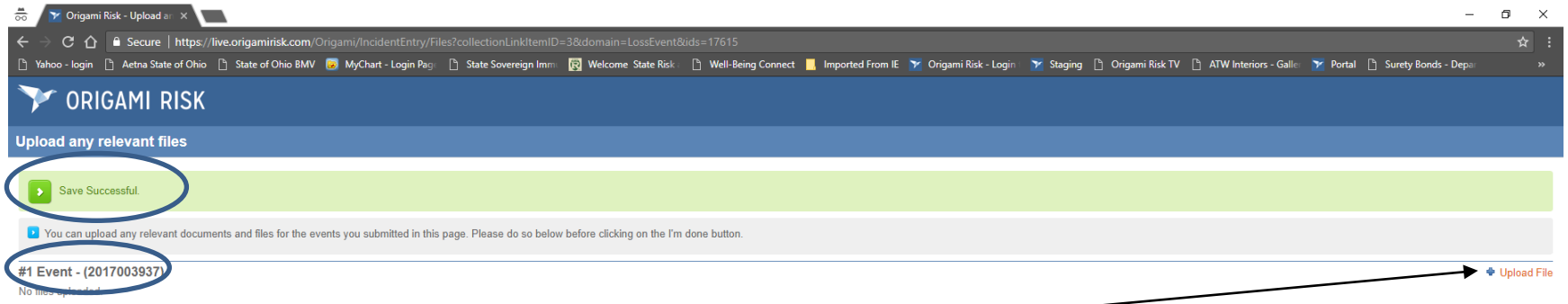
Attach Relevant Files

After clicking "Save Changes" above, you will have the opportunity to attach any relevant files.

5. Click “Save Changes” at the top right of the screen.

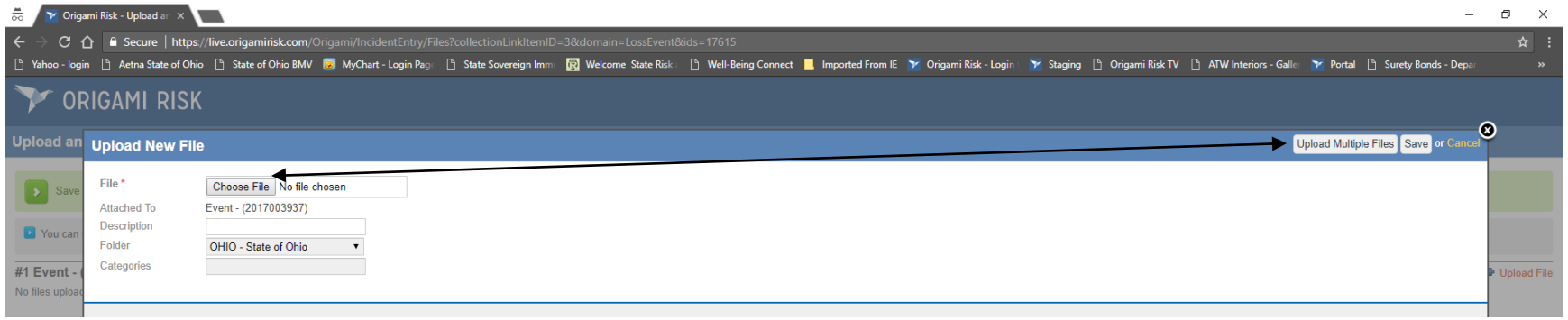


6. The next page will show you confirmation that the information was saved and will provide you with a claim number and the opportunity to attach photos and files.

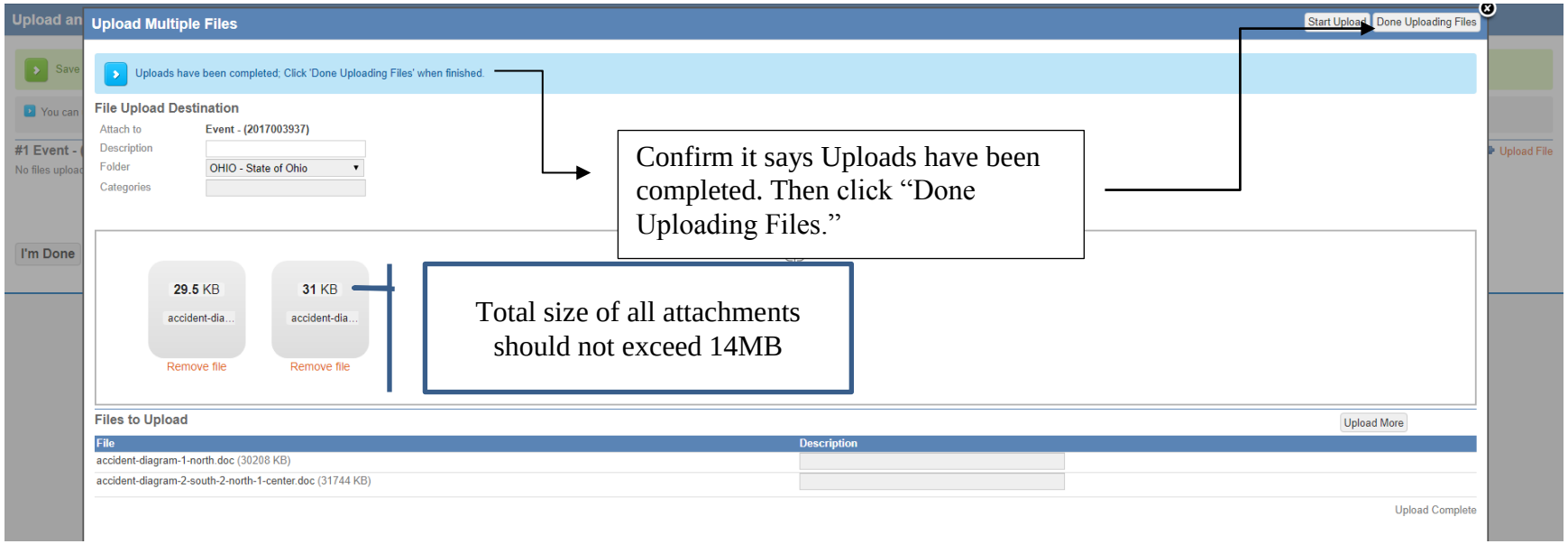


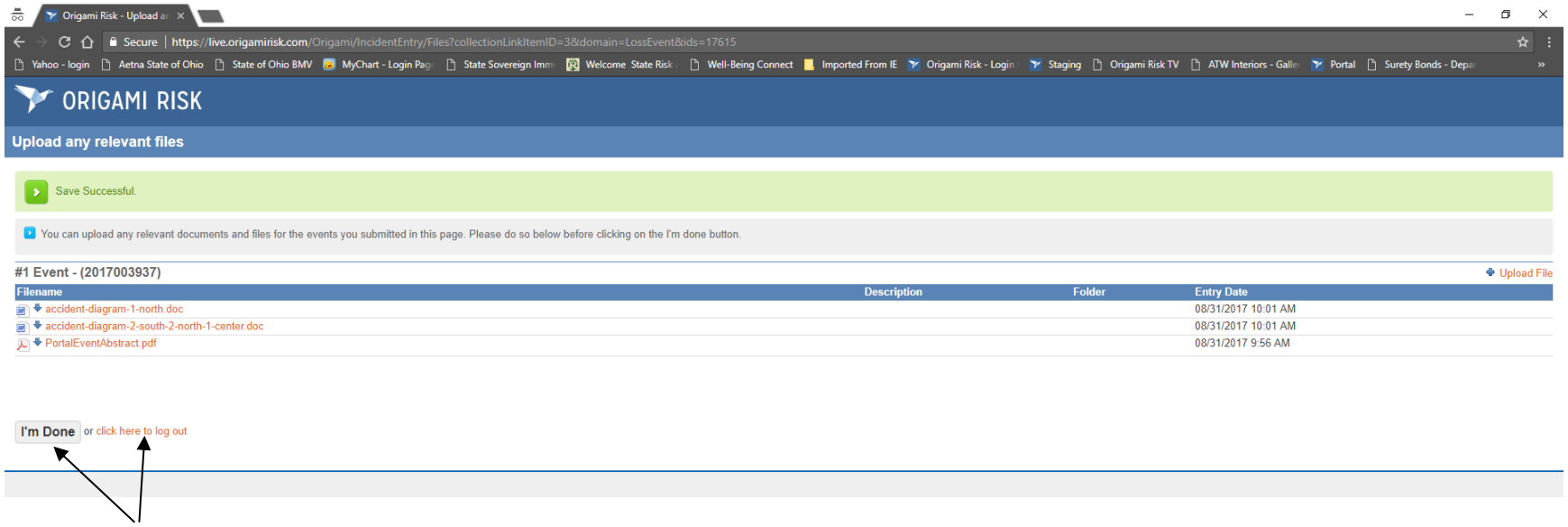
7. Click Upload Files

8. Browse to file location, or click Upload Multiple Files



9. If uploading multiple files, drag and drop the files from your file location onto the Origami screen. Click Start Upload.





10. Click I'm Done to go back to enter another incident, or "click here to log out" if you are exiting the system. Confirmation will be sent to the email address entered in the Reporter's Information section.