Whenever an Accident Occurs:

An incident report must be completed immediately and mailed to the address shown below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to answer all the questions, it is important that the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all. Always include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions regarding completion of the form, please call American Specialty Insurance Services at 1-800-245-2744.

Mail the completed report to:

American Specialty Insurance & Risk Services, Inc.
ATTN: Claims Department
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0309
Phone:(800) 566-7941 Fax:(260) 672-8835

In case of serious injury, immediately notify American Specialty by calling 1-800-566-7941 (if after hours, follow the instructions for emergency claims reporting). This number is answered 24 hours a day, 365 days a year. It is important that you contact this claim line as soon as possible after a serious injury involving a participant or spectator.
### LEAGUE OF AMERICAN BICYCLISTS
#### FIRST REPORT OF BODILY INJURY

**Date of Incident:** __________  **Time of Incident:** AM / PM  
If injured person is an L.A.B. member, identify:  
L.A.B. Club Name: ______________________  
Club Address: ______________________

**Does the Injured Person Have Other Medical Insurance?** Yes □ No □ 
If yes, please provide:  
Name of company: ______________________  
Policy #: ______________________

**Injured Person:**  
- □ Club Member  
- □ Non-Member  
- □ Participant  
- □ Volunteer  
- □ Pedestrian  
- □ Other ______________________

Was the injured person wearing a helmet at the time of the accident?  
Yes □ No □

Was the injured person riding:  
- □ Tandem Bike  
- □ Single Bike  

**Was the injured person wearing:**  
- □ Strain/Sprain  
- □ Seizures  
- □ Cold Injury  
- □ Hypertension  
- □ Allergy  
- □ Abrasion  
- □ Laceration  
- □ Drowning  
- □ Hypertension  
- □ Cold Injury  
- □ Seizures  
- □ Strain/Sprain  

**Describe how the incident occurred:**  
- □ Turning left  
- □ Turning right  
- □ Being passed  
- □ Passing  
- □ Straight  
- □ Intersection  
- □ City Street  
- □ Rural Road  
- □ Off Property  
- □ Premises/Grounds  
- □ Rest Stop  
- □ Off Road  
- □ Parking Lot  
- □ Registration Area  
- □ Restrooms/Locker Rooms  
- □ Ressources/Locker Rooms  
- □ Roadway/Grounds  
- □ Premises/Grounds  
- □ Rest Stop  
- □ City Street  
- □ Rural Road  
- □ Off Property  
- □ Premises/Grounds  
- □ Rest Stop  

**INJURED PERSON INFORMATION**

- **Last Name:** ______________________  
- **First Name:** ______________________  
- **Mid:** ______________________  
- **Telephone Number:** (_____) _______  
- **City:** ______________________  
- **Address:** ______________________  
- **State:** ______________________  
- **Zip:** ______________________  
- **Employer Name:** ______________________  
- **Employer Address:** ______________________  
- **Number:** ______________________  

**GUARDIAN/PARENT (if injured person is a minor)**

- **Last Name:** ______________________  
- **First Name:** ______________________  
- **Mid:** ______________________  
- **Telephone Number:** (_____) _______  
- **City:** ______________________  
- **Address:** ______________________  
- **State:** ______________________  
- **Zip:** ______________________  
- **Male:** ______________________  
- **Female:** ______________________  
- **D.O.B.:** ______________________  

**Suspected Pre-Existing Condition:** Yes □ No □

**INCIDENT LOCATION**

- □ Off Road  
- □ Parking Lot  
- □ Registration Area  
- □ Restrooms/Locker Rooms  
- □ Premises/Grounds  
- □ Rest Stop  
- □ City Street  
- □ Rural Road  
- □ Off Property  
- □ Premises/Grounds  
- □ Rest Stop  

**RIDER ACTIVITY**

- □ Turning right  
- □ Turning left  
- □ Being passed  
- □ Passing  
- □ Straight  

**CLASSIFICATION**

- □ Minor injury or illness  
- □ Non-injury  
- □ Serious injury or illness  

**PRIMARY INJURY**

- □ Allergy  
- □ Amputation  
- □ Abrasion  
- □ Laceration  
- □ Drowning  
- □ Hypertension  
- □ Cold Injury  
- □ Seizures  
- □ Strain/Sprain  
- □ Dislocation  
- □ Electrical Shock  
- □ Foreign Body  
- □ Fracture  
- □ Heat Exhaustion  
- □ Sting/bite  
- □ Contusion  
- □ Concussion  
- □ Tooth/Mouth  
- □ Nausea  
- □ Stroke  
- □ Burn  
- □ Death  
- □ Pain  
- □ Illness  
- □ Cardiac  
- □ Tooth/Mouth  

**INCIDENT**

- □ Assault/Sexual  
- □ Assault/Non-Sexual  
- □ Fall (different level)  
- □ Fall (same level)  
- □ Caught in, on, between  
- □ Animal/Insect Bite/Sting  
- □ Collision (with parked car)  
- □ Collision (with moving car)  
- □ Collision (with object/animal)  
- □ Collision (participant/participant)  
- □ Collision (participant/pedestrian)  
- □ Struck by falling/flying object  
- □ Auto/property (also complete reverse side)  

**WEATHER CONDITIONS**

- □ Sunny  
- □ Raining  
- □ Snowing  
- □ Cloudy  
- □ Icy  
- □ Foggy  
- □ Wet  
- □ Dry  

**ROAD CONDITIONS**

- □ Paved  
- □ Dirt  
- □ Gravel  

**ROAD TYPE**

- □ Off Road  
- □ Parking Lot  
- □ Registration Area  
- □ Restrooms/Locker Rooms  
- □ Premises/Grounds  
- □ Rest Stop  
- □ City Street  
- □ Rural Road  
- □ Off Property  
- □ Premises/Grounds  
- □ Rest Stop  

**DISPOSITION**

- □ Released to parent  
- □ Police  
- □ Released to personal vehicle  
- □ EMS transport  
- □ Refusal of care  
- □ Ambulance  
- □ EMS transport  
- □ Continued riding  
- □ Patient requested EMS transport  
- □ Refer to doctor  
- □ Report Only  
- □ Medical attention  
- □ Referral to hospital/clinic  

**WITNESS INFORMATION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NUMBER</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
<td>(_____) _______</td>
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<td>2.</td>
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<td>(_____) _______</td>
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Signature of Ride Leader or Official (with no relationship to claimant) ______________________

Date ______________________  Phone Number ______________________

DME #154460
If the injury or property damage was the result of an AUTO ACCIDENT, please complete this section:

PERSON DRIVING THE AUTO: ___________________________ Injured  Not injured

Address: ___________________________________________  

OWNER OF THE AUTO: ___________________________________________  

Address: ___________________________________________  

MAKE/MODEL/YEAR OF AUTO: ___________________________  

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN THE AUTO:

Name: ___________________________________________ Injured  Not injured
Address: ___________________________________________  

Name: ___________________________________________ Injured  Not injured
Address: ___________________________________________  

NOTE: PLEASE USE THE REVERSE SIDE OF THIS FORM TO PROVIDE INJURY INFORMATION. A LIST OF ALL PASSENGERS AND INJURY INFORMATION FOR ALL INJURED PERSONS SHOULD BE PROVIDED; PLEASE USE ADDITIONAL INCIDENT REPORT FORMS OR SEPARATE SHEETS OF PAPER, IF NECESSARY.

PURPOSE OF TRIP: ___________________________________________  

NAME OF POLICE DEPARTMENT WHICH INVESTIGATED THE ACCIDENT: ___________________________________________  

If the accident involved a collision with another automobile, please complete the following:

PERSON DRIVING OTHER AUTO: ___________________________ Injured  Not-injured

Address: ___________________________________________  

OWNER OF OTHER AUTO: ___________________________________________  

Address: ___________________________________________  

MAKE/MODEL/YEAR OF OTHER AUTO: ___________________________  

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN OTHER AUTO:

Name: ___________________________________________ Injured  Not injured
Address: ___________________________________________  

Name: ___________________________________________ Injured  Not injured
Address: ___________________________________________  

(Attach separate sheet of paper, if necessary.)

If property was damaged, please supply a description of the property and list the owner. (If an auto accident, see above.)

Description of property: ___________________________  

Description of damage: ___________________________  

Owner's name and address: ___________________________  

Owner's telephone number: (_____)__________________ (day)  (_____)____________________ (evening)