

INCIDENT REPORT INSTRUCTIONS

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:

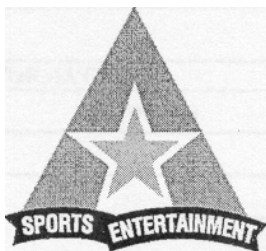
American Specialty Insurance Services, Inc.
ATTN: Claims Department
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0309
Phone:(800) 566-7941 Fax:(260) 672-8835

**AMERICAN SPECIALTY
EMERGENCY CLAIMS SERVICE**

800-566-7941
(24 Hours/7 days a Week)

Claims and Insurance Emergencies

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.



AMERICAN SPECIALTY™



League of American Bicyclists

American Specialty Insurance Services, Inc.

ATTN: Claims Department
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0309
Phone: (800) 566-7941 Fax: (219) 672-8835

AMERICAN SPECIALTY®

FIRST REPORT OF BODILY INJURY/AUTO ACCIDENT/PROPERTY DAMAGE

DATE OF INCEDENT _____ TIME OF INCEDENT _____ AM/PM If injured person is an L. A. B. club 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 and 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	DID THIS TAKE PLACE DURING: ? Club Ride ? Special Event ? Time Trial ? Race ? Conditioning Event ? Fundraiser If during a Special Event, list name of event: _____ Name of L.A.B. Club putting on the Special Event: _____

INJURED PERSON INFORMATION

Last Name	First	Middle	Telephone Number ()	? Single ? Married
Address			Social Security Number	
City	State	Zip	Employer and Address	
Age	D.O.B.	? Male ? Female		

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name	First	Middle	Telephone Number ()
Address	City	State	Zip

SUSPECTED PRE-EXISTING CONDITION: ? Yes ? No

INCIDENT LOCATION ? Off-road ? City street ? Parking lot ? Highway ? Registration area ? Rural road ? Restrooms/locker rooms ? Off property ? Premises/grounds ? Rest stop RIDER ACTIVITY ? Turning right ? Passing ? Turning left ? Intersection ? Being passed ? Straight CLASSIFICATION ? Minor injury or illness ? Non-injury ? Serious injury or illness	INCIDENT ? Assault/sexual ? Overexertion ? Assault/non-sexual ? Eligibility ? Fall (different level) ? Trip/Fall ? Fall (same level) ? Slip/fall ? Caught in, on, between ? Slip, bodily reaction ? Animal/insect bite/sting ? Chased by dog ? Collision (with parked car) ? Bite by dog ? 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 ? Foggy ? Snowing ? Cloudy ROAD CONDITIONS ? Wet ? Dry ? Icy ROAD TYPE ? Paved ? Dirt ? Gravel
PRIMARY INJURY ? Allergy ? Dislocation ? Nausea ? Amputation ? Electrical shock ? Stroke ? Abrasion ? Foreign body ? Burn ? Laceration ? Fracture ? Death ? Drowning ? Heat exhaustion ? Pain ? Hypertension ? Cardiac ? Illness ? Cold injury ? Contusion ? Sting/bite ? Seizures ? Concussion ? Strain/Sprain ? Tooth/mouth	BODY PART INJURED ? Eye (L/R) ? Torso ? Arm (L/R) ? Nose ? Back ? Tooth ? Neck ? Face ? Head ? Ear (L/R) ? Leg (L/R) ? Knee (L/R) ? Ankle (L/R) ? Internal ? Hip (L/R) ? Shoulder (L/R) ? Foot (L/R) ? Elbow (L/R) ? Hand (L/R) ? Wrist (L/R) ? Finger or Toe	DISPOSITION ? Released to parent ? Police ? Refusal of care ? Ambulance ? Refer to doctor ? Report only ? Refer to hospital/clinic ? Medical attention ? EMS transport ? Patient requested EMS transport ? Released to personal vehicle ? Continued riding

Describe how the incident occurred: _____

WITNESS INFORMATION

	NAME	ADDRESS	TELEPHONE NUMBER
1			
2			

Signature of Ride Leader or Official (with no relationship to claimant) _____ DATE _____ Phone # _____

