

## **Onondaga Cycling Club Ride Leader Responsibilities**

1. If you cannot lead a ride for which you signed up, it is your responsibility to find a substitute. Please do not call the club president or anyone else the night before the ride and ask them to find someone else. The club listserv is an excellent place to find a substitute.
2. You may download the maps and cues, as well as the ride leader packet (sign in sheets and insurance forms) from the club's web site ([onondagacyclingclub.org](http://onondagacyclingclub.org)). Please make sure that you copy enough maps for all expected riders. Also please make sure that you have maps and cues that match all of the mileages given in the ride schedule. Some rides have all routes on a single page while others use several pages. If you prefer hardcopy maps and packet, contact Rich Veenstra, 315-491-3187, [veenstrr@upstate.edu](mailto:veenstrr@upstate.edu) or [rveenst1@twcny.rr.com](mailto:rveenst1@twcny.rr.com), at least at least two weeks in advance of the ride.
3. Familiarize yourself with the route. If you are not familiar with the area, do this by driving/riding the route in advance; roads and road signs change, and the map may be out of date. Note any road construction, problems with signage or directions, hazards, or points of confusion.
4. Arrive at the start at least 30 minutes early and be sure to start the ride on time.
5. If the leisure ride leader is unavailable, the regular ride leader is responsible for the leisure ride.
6. The leisure ride leader has a slightly different set of responsibilities. You should check that each rider has a full water bottle, that each is correctly set up on their bike, that their bike is in correct working condition (such as correctly inflated tires and working brakes), and that they have a correctly fitted helmet. You should ride sweep and make sure that no one is lost. The leisure rides start a few minutes after the main ride. As with the regular ride leader, the leisure ride leader is responsible for getting their own replacement if needed.
7. Rides are not cancelled. Even in poor weather someone will likely ride. While the leader doesn't have to ride, they should carry out the rest of their responsibilities.
8. Make sure all riders sign in. Guests must sign in using the guest sign-up sheet, which includes a liability waiver.
9. Call all the riders together before they leave. Describe the route options, any points of interest or concern, and any errors on the maps. Remind riders to respect traffic lights, and stop signs and to obey traffic laws. Ask who is riding each route so other riders can see who they may want to ride with. Remind everyone to sign in when they finish. Make sure anyone who is not returning to the starting point lets you know. Also let people know how long you will wait at the finish and ask anyone who thinks they will return later than that to let you know.
10. Do not lead from the front. You do not have to ride "sweep" behind the slowest rider, but try to stay with the main group on whatever route you ride.
11. At the finish, make sure everyone signs in or is otherwise accounted for.
12. Mail the sign-in sheets promptly to Jim Price, 2892 Freetown-Hoxie Gorge Road, Marathon, NY 13803.

# Member Sign In / Out

(guests have a separate sheet)



Date: \_\_\_\_\_ Scheduled Mileages: \_\_\_\_\_

Ride Leader: \_\_\_\_\_ Cell ☎ # \_\_\_\_\_

Leisure Ride Leader: \_\_\_\_\_ Cell ☎ # \_\_\_\_\_

Name	Cell ☎ # (optional)	Mileage Riden	Comments? Specific problem with map/cue?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
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8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
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22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____
26. _____	_____	_____	_____
27. _____	_____	_____	_____
28. _____	_____	_____	_____
29. _____	_____	_____	_____
30. _____	_____	_____	_____

Please mail completed form to Jim Price, 2892 Freetown-Hoxie Road, Marathon, NY 13803.

# Member Sign In / Out

(guests have a separate sheet)



Date: \_\_\_\_\_ Scheduled Mileages: \_\_\_\_\_

Ride Leader: \_\_\_\_\_ Cell ☎ # \_\_\_\_\_

Leisure Ride Leader: \_\_\_\_\_ Cell ☎ # \_\_\_\_\_

Name	Cell ☎ # (optional)	Mileage Riden	Comments? Specific problem with map/cue?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
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8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
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22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____
26. _____	_____	_____	_____
27. _____	_____	_____	_____
28. _____	_____	_____	_____
29. _____	_____	_____	_____
30. _____	_____	_____	_____

Please mail completed form to Jim Price, 2892 Freetown-Hoxie Road, Marathon, NY 13803.



**Guest Rider Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")**

IN CONSIDERATION of being permitted to participate in any way in

(event name): \_\_\_\_\_ on

(dates): \_\_\_\_\_, a Bicycling Activity ("Activity") sponsored by Onondaga Cycling Club, Inc. ("Club"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club and the LAB, their respective administrators, directors, ride leaders, volunteers, agents, officers, members, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation, expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

		<b>Cell</b> (optional)	
Name _____	Signature _____	☎# _____	Miles completed _____
Name _____	Signature _____	☎# _____	Miles completed _____
Name _____	Signature _____	☎# _____	Miles completed _____
Name _____	Signature _____	☎# _____	Miles completed _____
Name _____	Signature _____	☎# _____	Miles completed _____

**ONONDAGA CYCLING CLUB, INC. MEMBERSHIP APPLICATION FORM**

Make checks payable to: Onondaga Cycling Club, Inc.

- Single **\$20.00\***     
  Family **\$30.00\*\***     
  Youth (<18 yrs) **\$5.00**     
  Contributing **\$10.00**  
 \* includes \$1.48 NYS Sales Tax      \*\* includes \$2.22 NYS Sales Tax

NAME: Mr.  Ms.  \_\_\_\_\_ NICKNAME: \_\_\_\_\_ BIRTHDAY: \_\_\_/\_\_\_/\_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ APT \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ BUS PHONE (OPT): (\_\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_  
 e-mail Address (optional) \_\_\_\_\_

I WANT TO READ MY SPOKE-N WORD VIA THE OCC WEB SITE. DO NOT SEND ME A PAPER COPY.

AFFILIATED MEMBERSHIP:  LAB  AYH  USA Cycling - License No. \_\_\_\_\_  
 IMBA  Other(s) \_\_\_\_\_

**OTHER FAMILY MEMBERS AND THEIR AFFILIATIONS: LAB AYH USAC/License No.**  
 NAME: Mr.  Ms.  \_\_\_\_\_ Nickname: \_\_\_\_\_ BDAY: \_\_\_/\_\_\_/\_\_\_\_\_  
   / \_\_\_\_\_  
 NAME: Mr.  Ms.  \_\_\_\_\_ Nickname: \_\_\_\_\_ BDAY: \_\_\_/\_\_\_/\_\_\_\_\_  
   / \_\_\_\_\_  
 NAME: Mr.  Ms.  \_\_\_\_\_ Nickname: \_\_\_\_\_ BDAY: \_\_\_/\_\_\_/\_\_\_\_\_  
   / \_\_\_\_\_  
 NAME: Mr.  Ms.  \_\_\_\_\_ Nickname: \_\_\_\_\_ BDAY: \_\_\_/\_\_\_/\_\_\_\_\_  
   / \_\_\_\_\_

**Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement"):**

In consideration for being permitted to be a member of Onondaga Cycling Club, Inc. ("Club") and to participate in any way in any Onondaga Cycling Club, Inc. sponsored Activities ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Bicycling Activities and that I am qualified to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club, its administrators, directors, ride leaders, volunteers, agents, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the Activity take place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Adult #1 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Adult #2 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Adult #3 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Adult #4 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Adult #5 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ONONDAGA CYCLING CLUB, INC. MEMBERSHIP APPLICATION FORM**  
**(continued for YOUTH and <18 yr old FAMILY members)**

**MINOR RELEASE**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send COMPLETED Form with payment to:

**ONONDAGA CYCLING CLUB, INC.**  
**P O BOX 6307 - TEALL STATION**  
**SYRACUSE NY 13217-6307**



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## INCIDENT REPORTING INSTRUCTIONS

### **Whenever an Accident Occurs:**

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated 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 initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to 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 or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-245-2744.

Mail or fax the completed Incident Report to:

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.**


Attn: Claims Department

Post Office Box 459

Roanoke, Indiana 46783-0459

Fax: (260) 673-1291

**IN ADDITION, IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR**, it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.



# INCIDENT REPORT FORM FOR BODILY INJURY

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.**  
 ATTN: CLAIMS DEPARTMENT  
 POST OFFICE BOX 459  
 ROANOKE, IN 46783  
 AMERICAN SPECIALTY™ PHONE: 800-566-7941 FAX: 260-673-1291

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 #: _____
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<b>Injured Person:</b> 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	<b>Did This Take Place During:</b> 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: _____
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### INJURED PERSON INFORMATION

Last Name First Mid. Telephone Number ( ) Single Married Address Social Security Number: City Employer Name: Age D.O.B. Male Female Employer Address:
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### GUARDIAN/PARENT (if injured person is a minor)

Last Name First Mid. Telephone Number ( ) Address City State Zip
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### SUSPECTED PRE-EXISTING CONDITION: Yes No

<b>INCIDENT LOCATION</b> Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	<b>INCIDENT</b> 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) Bit 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)	<b>WEATHER CONDITIONS</b> Sunny Raining Foggy Snowing Cloudy  <b>ROAD CONDITIONS</b> Wet Dry Icy  <b>ROAD TYPE</b> Paved Gravel Dirt
<b>RIDER ACTIVITY</b> Turning right Passing Turning left Intersection Being passed Straight		
<b>CLASSIFICATION</b> Minor injury or illness Non-injury Serious injury or illness		

<b>PRIMARY INJURY</b> Allergy Dislocation Nausea Amputation Electrical Shock Stroke Abrasion Foreign Body Burn Laceration Fracture Death Drowning Heat Exhaustion Pain Hypertension Sting/bite Illness Cold Injury Contusion Cardiac Seizures Concussion Strain/Sprain Tooth/Mouth	<b>BODY PARTY INJURED</b> 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	<b>DISPOSITION</b> Released to parent Police Refusal of care Ambulance Refer to doctor Report Only Medical attention EMS transport Continued riding Patient requested EMS transport Released to personal vehicle Refer to hospital/clinic
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DESCRIBE HOW THE INCIDENT OCCURRED:

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### WITNESS INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )

Signature of Ride Leader or Official (with no relationship to claimant) \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_



# INCIDENT REPORT FORM FOR AUTO ACCIDENT AND PROPERTY DAMAGE

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
ATTN: CLAIMS DEPARTMENT  
POST OFFICE BOX 459  
ROANOKE, IN 46783  
PHONE: 800-566-7941 FAX: 260-673-1291



**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 THIS SECTION:**

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 THE ACCIDENT INVOLVED PROPERTY DAMAGE (OTHER THAN AUTOMOBILES), PLEASE COMPLETE THIS SECTION:**

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

Description of property: \_\_\_\_\_

Description of damage: \_\_\_\_\_

Owner's name and address: \_\_\_\_\_

Owner's telephone number: (\_\_\_\_\_) \_\_\_\_\_ (day) (\_\_\_\_\_) \_\_\_\_\_ (evening)