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**

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
<th>Does the Injured Person Have Other Medical Insurance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If yes, please provide: Name of company: Policy #:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**INJURED PERSON INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Mid.</th>
<th>Telephone Number ( )</th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City**

**employer Name:**

**Age**

**D.O.B.**

**Male**

**Female**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Mid.</th>
<th>Telephone Number ( )</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**suspected PRE-EXISTING CONDITION:** **Yes** **No**

**INCIDENT LOCATION**

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off Road</td>
<td>City Street</td>
</tr>
<tr>
<td>Parking Lot</td>
<td>Highway</td>
</tr>
<tr>
<td>Registration Area</td>
<td>Rural Road</td>
</tr>
<tr>
<td>Restrooms/Locker Rooms</td>
<td>Off Property</td>
</tr>
<tr>
<td>Premises/Grounds</td>
<td>Rest Stop</td>
</tr>
</tbody>
</table>

**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
- Foggy
- Raining
- Cloudy
- Snowing
- Sunny
- Foggy
- Snowing
- Cloudy
- Sunny
- Foggy
- Snowing
- Cloudy

**ROAD CONDITIONS**

- Wet
- Dry
- Icy
- Wet
- Dry
- Icy

**ROAD TYPE**

- Paved
- Gravel
- Paved
- Gravel

**RIDER ACTIVITY**

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

**CLASSIFICATION**

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

**PRIMARY INJURY**

- Allergy
- Dislocation
- Nose
- Eye (L/R)
- Ear (L/R)
- Knee (L/R)
- Shoulder (L/R)
- Elbow (L/R)
- Wrist (L/R)
- Allergy
- Dislocation
- Nose
- Eye (L/R)
- Ear (L/R)
- Knee (L/R)
- Shoulder (L/R)
- Elbow (L/R)
- Wrist (L/R)

**BODY PARTY INJURED**

- To芋
- Arm (L/R)
- Torso
- Back
- Leg (L/R)
- Hip (L/R)
- Foot (L/R)
- Hand (L/R)
- Finger or Toe

**DISPOSITION**

- 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

**DESCRIBE HOW THE INCIDENT OCCURRED:**

**WITNESS INFORMATION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>( )</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

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

Date __________________________ Phone Number __________________________