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| INCIDENT REPORT FORMFOR BODILY INJURY | AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.7609 W. Jefferson Blvd., Suite 150 Fort Wayne, Indiana 46804‐4133Phone: 800.566.7941  Fax: 260.969.4729 |
| Date of Incident:Time of Incident:AM / PM | Does the Injured Person Have Other Medical Insurance? 1Yes 1No |
| If injured person is a League member, identify: | If yes, please provide: |
| League Club Name:  | Name of company:  |
| Club Address:  | Policy #:  |



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| Injured Person: 1 Club Member 1 Non‐Member 1 Participant1 Volunteer 1 Pedestrian 1 Other Was the injured person wearing a helmet at the time of the accident?1 Yes 1 NoWas the injured person riding: 1 Tandem Bike 1 Single Bike | Did This Take Place During: 1 Club Ride 1 Special Event 1 Time Trial1 Race 1 Conditioning Event 1 FundraiserIf during a Special Event, list name of event:  Name of League Club putting on the Special Event:  |
| INJURED PERSON INFORMATION |  |
| Last Name |  | First | Mid. | Telephone Number ( | ) |  | 1 Single | 1 Married |
| Address | Social Security Number (optional): |
| City | Employer Name: |
| Age | D.O.B. |  | 1 Male 1 Female | Employer Address: |
| GUARDIAN/PARENT (if injured person is a minor) |  |
| Last Name |  | First | Mid. | Telephone Number ( | ) |  |  |  |
| Address |  |  | City | State |  | Zip |  |  |

SUSPECTED PRE‐EXISTING CONDITION: 1 Yes 1 No

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| INCIDENT LOCATION1 Off Road 1 City Street1 Parking Lot 1 Highway1 Registration Area 1 Rural Road1 Restrooms/Locker Rooms 1 Off Property1 Premises/Grounds 1 Rest Stop | INCIDENT1 Assault/Sexual 1 Overexertion1 Assault/Non‐Sexual 1 Eligibility1 Fall (different level) 1 Trip/fall1 Fall (same level) 1 Slip/fall1 Caught in, on, between 1 Slip, bodily reaction1 Animal/Insect Bite/Sting 1 Chased by dog1 Collision (with parked car) 1 Bit by dog 1 Collision (with moving car) 1 Collision (participant/ 1 Collision (with object/animal) participant) | 1 Sunny1 Foggy1 Cloudy | WEATHER CONDITIONS1 Raining1 Snowing |
| 1 Turning right1 Turning left1 Being passed | RIDER ACTIVITY1 Passing1 Intersection1 Straight |  | 1 Wet1 Icy | ROAD CONDITIONS1 Dry |
| 1 Collision (participant/pedestrian)1 Struck by falling/flying object | 1 Auto/property (also complete reverse side of this form) | 1 Paved1 Gravel | ROAD TYPE1 Dirt |
| CLASSIFICATION1 Minor injury or illness 1 Non‐injury1 Serious injury or illness |
| 1 Allergy1 Amputation1 Abrasion1 Laceration1 Drowning1 Hypertension1 Cold Injury1 Seizures1 Strain/Sprain | PRIMARY INJURY1 Dislocation1 Electrical Shock1 Foreign Body1 Fracture1 Heat Exhaustion1 Sting/bite1 Contusion1 Concussion1 Tooth/Mouth | 1 Nausea1 Stroke1 Burn1 Death1 Pain1 Illness1 Cardiac |  | BODY PARTY INJURED1 Eye (L/R) 1 Torso 1 Arm (L/R)1 Nose 1 Back 1 Tooth1 Neck 1 Face 1 Head1 Ear (L/R) 1 Leg (L/R)1 Knee (L/R) 1 Ankle (L/R)1 Internal 1 Hip (L/R)1 Shoulder (L/R) 1 Foot (L/R)1 Elbow (L/R) 1 Hand (L/R)1 Wrist (L/R) 1 Finger or Toe | DISPOSITION1 Released to parent 1 Police1 Refusal of care 1 Ambulance 1 Refer to doctor 1 Report Only 1 Medical attention1 EMS transport1 Continued riding1 Patient requested EMS transport 1 Released to personal vehicle 1 Refer to hospital/clinic |
| 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 Number Email:

Please provide the name/email address of the individual that will be responsible for verifying claim information in the event of an incident (if different from above).

NAME EMAIL: