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| INCIDENT REPORT FORM  FOR BODILY INJURY | | AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  7609 W. Jefferson Blvd., Suite 150 Fort Wayne, Indiana 46804‐4133  Phone: 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 Participant  1 Volunteer 1 Pedestrian 1 Other  Was the injured person wearing a helmet at the time of the accident?  1 Yes 1 No  Was the injured person riding: 1 Tandem Bike 1 Single Bike | | | | Did This Take Place During: 1 Club Ride 1 Special Event 1 Time Trial  1 Race 1 Conditioning Event 1 Fundraiser  If 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 LOCATION  1 Off Road 1 City Street  1 Parking Lot 1 Highway  1 Registration Area 1 Rural Road  1 Restrooms/Locker Rooms 1 Off Property  1 Premises/Grounds 1 Rest Stop | | | INCIDENT  1 Assault/Sexual 1 Overexertion  1 Assault/Non‐Sexual 1 Eligibility  1 Fall (different level) 1 Trip/fall  1 Fall (same level) 1 Slip/fall  1 Caught in, on, between 1 Slip, bodily reaction  1 Animal/Insect Bite/Sting 1 Chased by dog  1 Collision (with parked car) 1 Bit by dog 1 Collision (with moving car) 1 Collision (participant/ 1 Collision (with object/animal) participant) | | | | 1 Sunny  1 Foggy  1 Cloudy | | WEATHER CONDITIONS  1 Raining  1 Snowing |
| 1 Turning right  1 Turning left  1 Being passed | RIDER ACTIVITY  1 Passing  1 Intersection  1 Straight |  | 1 Wet  1 Icy | | ROAD CONDITIONS  1 Dry |
| 1 Collision (participant/pedestrian)  1 Struck by falling/flying object | | 1 Auto/property (also complete reverse side of this form) | | 1 Paved  1 Gravel | | ROAD TYPE  1 Dirt |
| CLASSIFICATION  1 Minor injury or illness 1 Non‐injury  1 Serious injury or illness | | |
| 1 Allergy  1 Amputation  1 Abrasion  1 Laceration  1 Drowning  1 Hypertension  1 Cold Injury  1 Seizures  1 Strain/Sprain | PRIMARY INJURY  1 Dislocation  1 Electrical Shock  1 Foreign Body  1 Fracture  1 Heat Exhaustion  1 Sting/bite  1 Contusion  1 Concussion  1 Tooth/Mouth | 1 Nausea  1 Stroke  1 Burn  1 Death  1 Pain  1 Illness  1 Cardiac |  | BODY PARTY INJURED  1 Eye (L/R) 1 Torso 1 Arm (L/R)  1 Nose 1 Back 1 Tooth  1 Neck 1 Face 1 Head  1 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 | | DISPOSITION  1 Released to parent 1 Police  1 Refusal of care 1 Ambulance 1 Refer to doctor 1 Report Only 1 Medical attention  1 EMS transport  1 Continued riding  1 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: