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
If injured person is a League member, identify:
League Club Name:_____
Club Address:_____

Does the Injured Person Have Other Medical Insurance? ☐Yes ☐No
If yes, please provide:
Name of company:_____
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 ☐ Mountain Bike Ride
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 ( ) ☐ Single ☐ Married
Address	Social Security Number (optional):
City	Employer Name:
Age D.O.B. ☐ Male ☐ 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: ☐ 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) ☐ Bit by dog
☐ Collision (with moving car) ☐ Collision (participant/ participant)
☐ Collision (with object/animal)
☐ Collision (participant/pedestrian)
☐ Struck by falling/flying object
☐ Auto/property (also complete reverse side of this form)

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 ☐ Sting/bite ☐ Illness
☐ Cold Injury ☐ Contusion ☐ Cardiac
☐ Seizures ☐ Concussion
☐ Strain/Sprain ☐ Tooth/Mouth

BODY PARTY 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
☐ 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

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:_____

AMERICAN SPECIALTY®

INSURING AMERICA'S PASTIMES AND FUTURE TIMES ®

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 1-800-566-7941.

Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. Jefferson Boulevard
Suite 150
Fort Wayne, Indiana 46804-4133
Fax: 260.969.4729

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.