AMERICAN SPECIALTY™

INCIDENT REPORT INSTRUCTIONS

Whenever an Accident Occurs:

An incident report must be completed immediately and mailed to the address shown 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 answer all the questions, it is important that the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all. Always 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 regarding completion of the form, please call American Specialty Insurance Services at 1-800-245-2744.

Mail the completed report to:

American Specialty Insurance & Risk Services, Inc.
ATTN: Claims Department
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0309
Phone:(800) 566-7941 Fax:(260) 672-8835

In case of serious injury, immediately notify American Specialty by calling 1-800-566-7941 (if after hours, follow the instructions for emergency claims reporting). This number is answered 24 hours a day, 365 days a year. It is important that you contact this claim line as soon as possible after a serious injury involving a participant or spectator.

LEAGUE OF AMERICAN BICYCLISTS
FIRST REPORT OF BODILY INJURY

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
ATTN: CLAIMS DEPARTMENT
142 N. MAIN STREET, P.O. BOX 459
ROANOKE, IN 46783
PHONE: 800-566-7941 FAX: 260-673-1189

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 #:_____

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
If during a Special Event, list name of event:_____
Name of L.A.B. Club putting on the Special Event: _____
_____

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:

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 (with object/animal)
☐ Collision (participant/participant
☐ Collision (participant/pedestrian)
☐ Struck by falling/flying object
☐ Auto/property (also complete reverse side)

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_____

FIRST REPORT OF AUTO ACCIDENT

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 the following:

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.)

FIRST REPORT OF PROPERTY DAMAGE (OTHER THAN AUTO ACCIDENTS)

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

Description of property:_____

Description of damage:_____

Owner's name and address:_____

Owner's telephone number: (_____)_____ (day) (_____)_____ (evening)

AMERICAN SPECIALTY EMERGENCY CLAIMS SERVICE

1-800-566-7941

(24-Hours/7-Days a Week)

For All Claims and Insurance Emergencies

Please immediately report, by phone, all incidents that result in serious injury or death.

Please complete an Incident Report Form for these and for all other incidents that result in bodily injury or property damage.

Please forward completed form to:

American Specialty Insurance & Risk Services, Inc.
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0459
Phone: (260) 672-8800 Fax: (260) 672-8835