○ Annual License Rider
○ One Day Rider

○ Road ○ Mountain Biking ○ Pro
○ Track ○ Collegiate ○ BMX

_________ Number of Riders
_________ Number of Officials
_________ Number of Staff

Return to: USA Cycling, Inc.
210 USA Cycling Point, Suite 100
Colorado Springs, CO 80919

In case of serious accident or injury, immediately contact:
Federal Insurance Company, a Chubb Group Insurance Company
Phone 1-800-252-4670 Fax 1-800-300-2538

2013 FIRST REPORT OF OCCURRENCE

Date of Incident________________ Time of Incident ____________________

Date of Event ____
This accident occurred: ○ Before Event ○ During Event ○ After Event

Was the injured person wearing a helmet at the time of the accident?
○ Yes ○ No

Was the injured person riding: ○ Single Bike ○ Tandem Bike

USAC License Number ______________________________

Waiver and Release signed? ○ Yes ○ No (If "yes", attach the original waiver to this form before mailing and retain a copy of both documents for your files.)

Does the injured person have other medical insurance? ○ Yes ○ No
If "yes", name of insurance company and policy
____
____

Race name ____
Permit # ____________________
Promoter's name____
Promoting club ____

INJURED PERSON INFORMATION: ○ Participant ○ Volunteer ○ Pedestrian ○ Official ○ Spectator ○ Other ______________________________

Last Name _____________________ First Name ______________ MI ____
Address ____
City ______________________________ State ________ Zip ____________
Age ______________ DOB ________________________ Category _______

Telephone #
Social Security #____
○ Male ○ Female
Employer's Name ____

TYPE OF EVENT
○ Road Race
- ○ Open Course
- ○ Closed Course
- ○ Rolling Closure
- ○ Criterium
- ○ Stage Event
- ○ Time Trial

○ Mountain
- ○ Cross Country
- ○ Downhill
- ○ Observed Trials
- ○ Dual Slalom
- ○ Mountain Cross

○ Track
○ Cyclocross
○ BMX
○ Other

WEATHER CONDITIONS
○ Sunny
○ Raining
○ Foggy
○ Snow
○ Cloudy
○ Extreme Temp

ROAD CONDITIONS
○ Wet
○ Dry
○ Icy
○ Other

ROAD TYPE
○ Paved
○ Dirt
○ Gravel
○ Asphalt
○ Off Road

INCIDENT LOCATION
○ Off-Road
○ Parking lot
○ Registration area
○ Restroom/locker room
○ Premises/grounds
○ City street
○ Highway
○ Rural road
○ Off property
○ Velodrome/track

RIDER ACTIVITY
○ Turning right
○ Turning left
○ Being passed
○ Passing
○ Intersection
○ Straight

CAUSE
○ Assault/sexual
○ Fall (different level)
○ Caught in, on, or between
○ Animal involvement
○ Collision (with parked car)
○ Collision (with moving car)
○ Collision (with object/animal)
○ Collision (participant/participant)
○ Collision (participant/pedestrian)
○ Auto/property (also complete reverse side)
○ Assault/non-sexual
○ Fall (same level)
○ Overexertion
○ Equipment failure

CLASSIFICATION OF INJURY
○ Non-Injury
○ Minor injury or illness
○ Serious injury or illness

BODY PART INJURED
☐ Eye L __ R __
☐ Ankle L __ R __
☐ Knee L __ R __
☐ Hand L __ R __
☐ Arm L __ R __
☐ Hip L __ R __
☐ Wrist L __ R __
☐ Other
☐ Shoulder L __ R __
☐ Foot L __ R __
☐ Leg L __ R __
☐ Elbow L __ R __
☐ Head
☐ Face
☐ Mouth
☐ Neck
☐ Torso
☐ Internal
☐ Back
☐ Nose
☐ Tooth
☐ Ear L __ R __
☐ Finger or toe

PRIMARY INJURY
☐ Allergy
☐ Fracture
☐ Seizures
☐ Dislocation
☐ Death
☐ Concussion
☐ Nausea
☐ Drowning
☐ Strain/Sprain
☐ Amputation
☐ Heat Exhaustion
☐ Tooth/mouth
☐ Electrical shock
☐ Pain
☐ Stroke
☐ Abrasion
☐ Hypertension
☐ Foreign body
☐ Cardiac
☐ Illness
☐ Cold injury
☐ Burn
☐ Laceration
☐ Contusion
☐ Sting/bite

DISPOSITION
☐ Report only
☐ Released to parent
☐ Police
☐ Ambulance
☐ Refer to doctor
☐ Refer to hospital/clinic
☐ Medical attention
☐ EMS transport
☐ Continued riding
☐ Patient requested EMS transport
☐ Released to personal vehicle
☐ **REFUSAL OF CARE**

DESCRIBE HOW THE INCIDENT OCCURRED:

Signature of Chief Referee or Official ____ **Date:** ____________________________
(with no relationship to claimant)

Phone ____