

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 80919-2215  
 Ph: 719-434-4200 Fax: 719-434-4300  
**In case of serious accident or injury, contact:**  
**Philadelphia Insurance Company**  
**Phone 1-800-765-9749 Fax 1-800-685-9238**

## 2010 FIRST REPORT OF OCCURRENCE

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Does the injured person have other medical insurance?  Yes  No  
 If "yes", name of insurance company and policy \_\_\_\_\_  
 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 Race name \_\_\_\_\_  
 Was the injured person riding:  Single Bike       Tandem Bike Permit # \_\_\_\_\_  
 USAC License Number \_\_\_\_\_ Promoter's name \_\_\_\_\_  
 Waiver and Release signed?  Yes  No (If "yes", attach the original waiver to Promoting club \_\_\_\_\_  
 this form before mailing and retain a copy of both documents for your files.)

**INJURED PERSON INFORMATION:**     Participant     Volunteer     Pedestrian     Official     Spectator     Other \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Telephone # (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female  
 Age \_\_\_\_\_ DOB \_\_\_\_\_ Category \_\_\_\_\_ Employer's Name \_\_\_\_\_

TYPE OF EVENT	WEATHER CONDITIONS	ROAD CONDITIONS	ROAD TYPE
<input type="radio"/> Road Race <input type="radio"/> Mountain <input type="radio"/> Track <input type="radio"/> Open Course <input type="radio"/> Cross Country <input type="radio"/> Cyclocross <input type="radio"/> Closed Course <input type="radio"/> Downhill <input type="radio"/> BMX <input type="radio"/> Rolling Closure <input type="radio"/> Observed Trials <input type="radio"/> Other <input type="radio"/> Criterium <input type="radio"/> Dual Slalom <input type="radio"/> Stage Event <input type="radio"/> Mountain Cross <input type="radio"/> Time Trial	<input type="radio"/> Sunny <input type="radio"/> Raining <input type="radio"/> Foggy <input type="radio"/> Snowy <input type="radio"/> Cloudy <input type="radio"/> Extreme Temp	<input type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Icy <input type="radio"/> Other	<input type="radio"/> Paved <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Asphalt <input type="radio"/> Off Road

INCIDENT LOCATION	RIDER ACTIVITY	CAUSE
<input type="radio"/> Off-Road <input type="radio"/> Parking lot <input type="radio"/> Registration area <input type="radio"/> Restroom/locker room <input type="radio"/> Premises/grounds <input type="radio"/> City street <input type="radio"/> Highway <input type="radio"/> Rural road <input type="radio"/> Off property <input type="radio"/> Velodrome/track	<input type="radio"/> Turning right <input type="radio"/> Turning left <input type="radio"/> Being passed <input type="radio"/> Passing <input type="radio"/> Intersection <input type="radio"/> Straight	<input type="radio"/> Assault/sexual <input type="radio"/> Fall (different level) <input type="radio"/> Caught in, on, or between <input type="radio"/> Animal involvement <input type="radio"/> Collision (with parked car) <input type="radio"/> Collision (with moving car) <input type="radio"/> Collision (with object/animal) <input type="radio"/> Collision (participant/participant) <input type="radio"/> Collision (participant/pedestrian) <input type="radio"/> Auto/property (also complete reverse side)

CLASSIFICATION OF INJURY	BODY PART INJURED
<input type="radio"/> Non-Injury <input type="radio"/> Minor injury or illness <input type="radio"/> Serious injury or illness	<input type="radio"/> Eye L R <input type="radio"/> Arm L R <input type="radio"/> Shoulder L R <input type="radio"/> Elbow L R <input type="radio"/> Mouth <input type="radio"/> Internal <input type="radio"/> Tooth <input type="radio"/> Ankle L R <input type="radio"/> Hip L R <input type="radio"/> Foot L R <input type="radio"/> Head <input type="radio"/> Neck <input type="radio"/> Back <input type="radio"/> Ear L R <input type="radio"/> Knee L R <input type="radio"/> Wrist L R <input type="radio"/> Leg L R <input type="radio"/> Face <input type="radio"/> Torso <input type="radio"/> Nose <input type="radio"/> Finger or toe <input type="radio"/> Hand L R <input type="radio"/> Other _____

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

DISPOSITION
<input type="radio"/> Report only <input type="radio"/> Ambulance <input type="radio"/> Medical attention <input type="radio"/> Patient requested EMS transport <input type="radio"/> Released to parent <input type="radio"/> Refer to doctor <input type="radio"/> EMS transport <input type="radio"/> Released to personal vehicle <input type="radio"/> Police <input type="radio"/> Refer to hospital/clinic <input type="radio"/> Continued riding <b><input type="radio"/> REFUSAL OF CARE</b>

**DESCRIBE HOW THE INCIDENT OCCURRED:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Chief Referee or Official \_\_\_\_\_ Date: \_\_\_\_\_  
 (with no relationship to claimant)  
 Phone \_\_\_\_\_

## USA CYCLING, INC. FIRST REPORT OF AUTO ACCIDENT OR PROPERTY DAMAGE

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: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  Injured  Not injured ADDRESS: \_\_\_\_\_  Injured  Not injured

NOTE: PLEASE USE THE REVERSE SIDE OF THIS FORM TO SUPPLY INJURY INFORMATION. A LIST OF ALL PASSENGERS AND INJURY INFORMATION FOR ALL INJURED PERSONS SHOULD BE SUPPLIED. 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 ALSO 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: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  Injured  Not injured ADDRESS: \_\_\_\_\_  Injured  Not injured

Attach separate sheet of paper if necessary.

### 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 daytime phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

### WITNESS INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )