

- Annual License Rider
 One Day Rider
 Road Mountain Biking Pro Cyclocross
 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:
Federal Insurance Company, a Chubb Group Insurance Company
Phone 1-800-252-4670 Fax 1-800-300-2538

2012 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 _____ Event Director's name _____
 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.) Promoting club _____

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"/> Training Ride <input type="radio"/> Criterium <input type="radio"/> Dual Slalom <input type="radio"/> Camp <input type="radio"/> Stage Event <input type="radio"/> Mountain Cross <input type="radio"/> Clinic <input type="radio"/> Time Trial <input type="radio"/> Gran Fondo	<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	CAUSE	SYMPTOM
<input type="radio"/> Allergy <input type="radio"/> Fracture <input type="radio"/> Seizures <input type="radio"/> Dislocation <input type="radio"/> Death	<input type="radio"/> Concussion <input type="radio"/> Nausea <input type="radio"/> Drowning <input type="radio"/> Strain/Sprain <input type="radio"/> Amputation	<input type="radio"/> Heat Exhaustion <input type="radio"/> Tooth/mouth <input type="radio"/> Electrical shock <input type="radio"/> Pain <input type="radio"/> Stroke

DISPOSITION	MEDICAL ATTENTION	PATIENT REQUESTED EMS TRANSPORT
<input type="radio"/> Report only <input type="radio"/> Released to parent <input type="radio"/> Police	<input type="radio"/> Ambulance <input type="radio"/> Refer to doctor <input type="radio"/> Refer to hospital/clinic	<input type="radio"/> Medical attention <input type="radio"/> EMS transport <input type="radio"/> Continued riding

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.		()