



INCIDENT REPORT FORM FOR BODILY INJURY

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
ATTN: CLAIMS DEPARTMENT
POST OFFICE BOX 459
ROANOKE, IN 46783
AMERICAN SPECIALTY* PHONE: 800-566-7941 FAX: 260-673-1291

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 #: _____
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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: _____
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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	INCIDENT WEATHER 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)	CONDITIONS Sunny Raining Foggy Snowing Cloudy
RIDER ACTIVITY Turning right Passing Turning left Intersection Being passed Straight		ROAD CONDITIONS Wet Dry Icy
CLASSIFICATION Minor injury or illness Non-injury Serious injury or illness		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
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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 _____