



# INCIDENT REPORT FORM FOR BODILY INJURY

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



<b>Date of Incident:</b> _____ <b>Time of Incident:</b> _____ AM / PM If injured person is an L.A.B. member, identify: L.A.B. Club Name: _____ Club Address: _____	<b>Does the Injured Person Have Other Medical Insurance?</b> Yes No If yes, please provide: Name of company: _____ Policy #: _____
---	---

<b>Injured Person:</b> 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	<b>Did This Take Place During:</b> 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	INCIDENT	WEATHER CONDITIONS
Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	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)	Sunny Raining Foggy Snowing Cloudy
<b>RIDER ACTIVITY</b> Turning right Passing Turning left Intersection Being passed Straight		<b>ROAD CONDITIONS</b> Wet Dry Icy
<b>CLASSIFICATION</b> Minor injury or illness Non-injury Serious injury or illness		<b>ROAD TYPE</b> Paved Dirt Gravel

PRIMARY INJURY	BODY PARTY INJURED	DISPOSITION
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	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	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 \_\_\_\_\_