2018 FIRST REPORT OF OCCURRENCE

☐ **Annual License Rider**   ☐ **National Team Rider**   ☐ **One Day Rider** _____

☐ Road   ☐ Mountain Biking   ☐ BMX Race   ☐ Pro
☐ Track   ☐ Cyclocross   ☐ BMX Freestyle   ☐ Para   ☐ Collegiate

_____Number of Riders   _____Number of Officials   _____Number of Event Staff

Return to: USA Cycling, Inc.
210 USA Cycling Point
Colorado Springs, CO 80919-2215
Ph: 719-434-4200
Fax: 719-434-4300

In case of serious accident or injury, notify USA Cycling

Date of Incident: _____   Event Name: _____ Permit #: _____
Time of Incident: _____   Event Organizer's Name:_____
Date of Event: _____   Promotion Club(s): _____

This accident occured: Was the injured person wearing a helmet at the time of the accident? ☐ YES ☐ NO
☐ Before Event ☐ During Event   Was the injured person riding: ☐ Single Bike ☐ Tandem Bike
☐ After Event   ☐ Practice   Waiver and Release signed? ☐ YES ☐ NO
☐ Set-Up   ☐ Travel   **(If "yes", attach the original waiver to 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:_____   Phone #: _____
Address:_____   SSN: _____
City:_____ State:_____ Zip:_____   Gender: ☐ Male ☐ Female
Age:_____ DOB:_____ Category:_____ USAC #:_____   Employer: _____
Does this person have insurance? ☐ YES ☐ NO If "yes", insurance company/policy: _____

TYPE OF EVENT

☐ **Road Race**   ☐ **Mountain**   ☐ **Track**   ☐ **Non-competitive**
  ☐ Open Course   ☐ Cross Country   ☐ **Cyclo-cross**   ☐ Gran Fondo
  ☐ Closed Course   ☐ Downhill   ☐ **BMX Race**   ☐ Clinic
  ☐ Rolling Closure   ☐ Observed Trials   ☐ **BMX Freestyle**   ☐ Training Ride
  ☐ Criterium   ☐ Mountain Cross   ☐ Camp
  ☐ Stage Event   ☐ Enduro
  ☐ Time Trial   ☐ Fat Bike

WEATHER CONDITIONS   **ROAD CONDITIONS**
☐ Sunny   ☐ Wet ☐ Dry ☐ Ice
☐ Raining   ☐ Other: _____
☐ Foggy
☐ Snowy   **ROAD TYPE**
☐ Cloudy   ☐ Paved ☐ Gravel
☐ Extreme Temp   ☐ Dirt   ☐ Asphalt
☐ Hail   ☐ Off Road

INCIDENT LOCATION
☐ Off-Road   ☐ Highway
☐ Parking Lot   ☐ Off Property
☐ City Street
☐ Rural Road
☐ Registration Area
☐ Restroom/Locker Room
☐ Premises/Grounds
☐ Velodrome/Track

RIDER ACTIVITY
☐ Turning right
☐ Turning left
☐ Being Passed
☐ Passing
☐ Intersection
☐ Strait

CAUSE
☐ Assault/sexual   ☐ Struck by falling/flying object
☐ Assault/non-sexual   ☐ Collision (with parked car)
☐ Fall (different elevation) ☐ Collision (with moving car)
☐ Fall (same elevation)   ☐ Collision (with object/animal)
☐ Caught in, on, or between ☐ Collision (participant/participant)
☐ Overexertion   ☐ Collision (participant/pedestrian)
☐ Animal involvement   ☐ Collision (participant/spectator)
☐ Equipment failure   ☐ Auto/Property (also complete next page)

CLASSIFICATION
☐ Non-injury
☐ Minor injury or illness
☐ Serious injury or illness

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

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

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DISPOSITION
☐ Report only ☐ Medical Attention ☐ Patient requested EMS transport ☐ Released to parent   ☐ Ambulance   ☐ Continued riding
☐ Police   ☐ Refer to doctor   ☐ Released to personal vehicle   ☐ Refer to hospital/clinic ☐ EMS transport ☐ **Refusal of care**

DESCRIBE HOW THE INCIDENT OCCURED: _____
_____
_____

Printed Name of Chief Referee or Official: _____ Phone:_____ Date:_____

Signature of Chief Referee or Official: _____

Witness (with no relation to claimant) Name: _____ Phone:_____

Email:_____ Address:_____

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: _____   ADDRESS: _____
☐ Injured ☐ Not Injured   ☐ 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: _____   ADDRESS: _____
☐ Injured ☐ Not Injured   ☐ 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.		( )