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: _____
Time of Incident: _____
Date of Event: _____

This accident occured:
☐ Before Event ☐ During Event
☐ After Event ☐ Practice
☐ Set-Up ☐ Travel

Event Name: _____ Permit #: _____
Event Organizer's Name: _____
Promotion Club(s): _____
Was the injured person wearing a helmet at the time of the accident? ☐ YES ☐ NO
Was the injured person riding: ☐ Single Bike ☐ Tandem Bike
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.)

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**
- ☐ Open Course
- ☐ Closed Course
- ☐ Rolling Closure
- ☐ Criterium
- ☐ Stage Event
- ☐ Time Trial

☐ **Mountain**
- ☐ Cross Country
- ☐ Downhill
- ☐ Observed Trials
- ☐ Mountain Cross
- ☐ Enduro
- ☐ Fat Bike

☐ **Track**
☐ **Cyclo-cross**
☐ **BMX Race**
☐ **BMX Freestyle**

☐ **Non-competitive**
- ☐ Gran Fondo
- ☐ Clinic
- ☐ Training Ride
- ☐ Camp

WEATHER CONDITIONS
☐ Sunny
☐ Raining
☐ Foggy
☐ Snowy
☐ Cloudy
☐ Extreme Temp
☐ Hail

ROAD CONDITIONS
☐ Wet ☐ Dry ☐ Ice
☐ Other: _____

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

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

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

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.		( )