

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 occurred:

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

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 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 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 OCCURRED: _____

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. | | () |