Whenever an Accident Occurs:

An incident report must be completed immediately and mailed to the address shown below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to answer all the questions, it is important that the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all. Always include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions regarding completion of the form, please call American Specialty Insurance Services at 1-800-245-2744.

Mail the completed report to:

American Specialty Insurance & Risk Services, Inc.
ATTN: Claims Department
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0309
Phone:(800) 566-7941 Fax:(260) 672-8835

In case of serious injury, immediately notify American Specialty by calling 1-800-566-7941 (if after hours, follow the instructions for emergency claims reporting). This number is answered 24 hours a day, 365 days a year. It is important that you contact this claim line as soon as possible after a serious injury involving a participant or spectator.
## FIRST REPORT OF BODILY INJURY

### Date of Incident: [Date]

#### Time of Incident: [Time] AM / PM

If injured person is an L.A.B. member, identify:

L.A.B. Club Name: ____________________________

Club Address: ________________________________

### 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

### INJURED PERSON INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Mid.</th>
<th>Telephone Number</th>
<th>Gender</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### GUARDIAN/PARENT (if injured person is a minor)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Mid.</th>
<th>Telephone Number</th>
<th>Gender</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### SUSPECTED PRE-EXISTING CONDITION:

- [ ] Yes  
- [ ] No

### INCIDENT

- [ ] Assualt/Sexual  
- [ ] Assualt/Non-Sexual  
- [ ] Fall (different level)  
- [ ] Fall (same level)  
- [ ] Caught in, on, between

- [ ] Animal/Insect Bite/Sting  
- [ ] Collision (with parked car)  
- [ ] Collision (with moving car)  
- [ ] Collision (with object/animal)

- [ ] Collision (participant/participant)  
- [ ] Collision (participant/pedestrian)

### PRIMARY INJURY

- [ ] Allergy  
- [ ] Amputation  
- [ ] Abrasion  
- [ ] Laceration  
- [ ] Drowning  
- [ ] Hypertension  
- [ ] Cold Injury  
- [ ] Seizures  
- [ ] Strain/Sprain  
- [ ] Seizures  
- [ ] Dislocation  
- [ ] Neuritis  
- [ ] Foreign Body  
- [ ] Fracture  
- [ ] Heat Exhaustion  
- [ ] Illness  
- [ ] Sting/bite  
- [ ] Contusion  
- [ ] Concussion  
- [ ] Tooth/Mouth

### BODY PARTY INJURED

- [ ] Eye (L/R)  
- [ ] Nose  
- [ ] Ear (L/R)  
- [ ] Knee (L/R)  
- [ ] Elbow (L/R)  
- [ ] Finger or Toe

### WEATHER CONDITIONS

- [ ] Sunny  
- [ ] Raining  
- [ ] Foggy  
- [ ] Cloudy

### ROAD CONDITIONS

- [ ] Wet  
- [ ] Dry  
- [ ] Icy

### ROAD TYPE

- [ ] Paved  
- [ ] Dirt  
- [ ] Gravel

### DISPOSITION

- [ ] Released to parent  
- [ ] Police  
- [ ] Refusal of care  
- [ ] Report Only

- [ ] Released to personal vehicle  
- [ ] Refer to hospital/clinic

### WITNESS INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>( )</td>
</tr>
<tr>
<td>2.</td>
<td></td>
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</tr>
</tbody>
</table>

Signature of Ride Leader or Official (with no relationship to claimant) ____________________________

Date ____________________________ Phone Number ____________________________

DME #154460