

- Annual License Rider
- One Day Rider

Return to: USA Cycling, Inc.
210 USA Cycling Point, Suite 100
Colorado Springs, CO 80919

- Road Mountain Biking Pro
- Track Collegiate BMX

**In case of serious accident or injury,
immediately contact:**

Philadelphia Insurance Company

Phone 1-800-765-9749 Fax 1-800-685-9238

_____ Number of Riders
_____ Number of Officials
_____ Number of Staff

2009 FIRST REPORT OF OCCURRENCE

Date of Incident _____ Time of Incident _____	Does the injured person have other medical insurance? <input type="radio"/> Yes <input type="radio"/> No If "yes", name of insurance company and policy _____
Date of Event _____ This accident occurred: <input type="radio"/> Before Event <input type="radio"/> During Event <input type="radio"/> After Event	_____
Was the injured person wearing a helmet at the time of the accident? <input type="radio"/> Yes <input type="radio"/> No	Race name _____
Was the injured person riding: <input type="radio"/> Single Bike <input type="radio"/> Tandem Bike	Permit # _____
USAC License Number _____	Promoter's name _____
Waiver and Release signed? <input type="radio"/> Yes <input type="radio"/> No (If "yes", attach the original waiver to this form before mailing and retain a copy of both documents for your files.)	Promoting club _____

INJURED PERSON INFORMATION: <input type="radio"/> Participant <input type="radio"/> Volunteer <input type="radio"/> Pedestrian <input type="radio"/> Official <input type="radio"/> Spectator <input type="radio"/> Other _____	
Last Name _____ First Name _____ MI _____	Telephone # (_____) _____
Address _____	Social Security # _____
City _____ State _____ Zip _____	<input type="radio"/> Male <input type="radio"/> Female
Age _____ DOB _____ Category _____	Employer's Name _____

TYPE OF EVENT	WEATHER CONDITIONS	ROAD CONDITIONS	ROAD TYPE
<input type="radio"/> Road Race <input type="radio"/> Mountain <input type="radio"/> Track <input type="radio"/> Open Course <input type="radio"/> Cross Country <input type="radio"/> Cyclocross <input type="radio"/> Closed Course <input type="radio"/> Downhill <input type="radio"/> BMX <input type="radio"/> Rolling Closure <input type="radio"/> Observed Trials <input type="radio"/> Other _____ <input type="radio"/> Criterium <input type="radio"/> Dual Slalom <input type="radio"/> Stage Event <input type="radio"/> Mountain Cross <input type="radio"/> Time Trial	<input type="radio"/> Sunny <input type="radio"/> Raining <input type="radio"/> Foggy <input type="radio"/> Snow <input type="radio"/> Cloudy <input type="radio"/> Extreme Temp	<input type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Icy <input type="radio"/> Other _____	<input type="radio"/> Paved <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Asphalt <input type="radio"/> Off Road

INCIDENT LOCATION	RIDER ACTIVITY	CAUSE
<input type="radio"/> Off-Road <input type="radio"/> Parking lot <input type="radio"/> Registration area <input type="radio"/> Restroom/locker room <input type="radio"/> Premises/grounds <input type="radio"/> City street <input type="radio"/> Highway <input type="radio"/> Rural road <input type="radio"/> Off property <input type="radio"/> Velodrome/track	<input type="radio"/> Turning right <input type="radio"/> Turning left <input type="radio"/> Being passed <input type="radio"/> Passing <input type="radio"/> Intersection <input type="radio"/> Straight	<input type="radio"/> Assault/sexual <input type="radio"/> Fall (different level) <input type="radio"/> Caught in, on, or between <input type="radio"/> Animal involvement <input type="radio"/> Collision (with parked car) <input type="radio"/> Collision (with moving car) <input type="radio"/> Collision (with object/animal) <input type="radio"/> Collision (participant/participant) <input type="radio"/> Collision (participant/pedestrian) <input type="radio"/> Auto/property (also complete reverse side)
		<input type="radio"/> Assault/non-sexual <input type="radio"/> Fall (same level) <input type="radio"/> Overexertion <input type="radio"/> Equipment failure

CLASSIFICATION OF INJURY	BODY PART INJURED		
<input type="radio"/> Non-Injury <input type="radio"/> Minor injury or illness <input type="radio"/> Serious injury or illness	<input type="radio"/> Eye L R <input type="radio"/> Ankle L R <input type="radio"/> Knee L R <input type="radio"/> Hand L R	<input type="radio"/> Arm L R <input type="radio"/> Hip L R <input type="radio"/> Wrist L R <input type="radio"/> Other _____	<input type="radio"/> Shoulder L R <input type="radio"/> Foot L R <input type="radio"/> Leg L R <input type="radio"/> Elbow L R <input type="radio"/> Head <input type="radio"/> Face
	<input type="radio"/> Mouth <input type="radio"/> Torso <input type="radio"/> Internal <input type="radio"/> Nose	<input type="radio"/> Tooth <input type="radio"/> Back <input type="radio"/> Ear L R <input type="radio"/> Finger or toe	

PRIMARY INJURY				
<input type="radio"/> Allergy <input type="radio"/> Fracture <input type="radio"/> Seizures <input type="radio"/> Dislocation <input type="radio"/> Death	<input type="radio"/> Concussion <input type="radio"/> Nausea <input type="radio"/> Drowning <input type="radio"/> Strain/Sprain <input type="radio"/> Amputation	<input type="radio"/> Heat Exhaustion <input type="radio"/> Tooth/mouth <input type="radio"/> Electrical shock <input type="radio"/> Pain <input type="radio"/> Stroke	<input type="radio"/> Abrasion <input type="radio"/> Hypertension <input type="radio"/> Foreign body <input type="radio"/> Cardiac <input type="radio"/> Illness	<input type="radio"/> Cold injury <input type="radio"/> Burn <input type="radio"/> Laceration <input type="radio"/> Contusion <input type="radio"/> Sting/bite

DISPOSITION			
<input type="radio"/> Report only <input type="radio"/> Released to parent <input type="radio"/> Police	<input type="radio"/> Ambulance <input type="radio"/> Refer to doctor <input type="radio"/> Refer to hospital/clinic	<input type="radio"/> Medical attention <input type="radio"/> EMS transport <input type="radio"/> Continued riding	<input type="radio"/> Patient requested EMS transport <input type="radio"/> Released to personal vehicle <input type="radio"/> REFUSAL OF CARE

DESCRIBE HOW THE INCIDENT OCCURRED:

Signature of Chief Referee or Official _____ Date: _____
(with no relationship to claimant)

Phone _____

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