



AMERICAN SPECIALTY®

INSURING AMERICA'S PASTIMES AND FUTURE TIMES®

INCIDENT REPORTING INSTRUCTIONS

Whenever an Accident Occurs:

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated 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 initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to 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 or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-566-7941. Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. Jefferson Boulevard, Suite 150

Fort Wayne, Indiana 46804-4133

Fax: 260.969.4729

IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR, it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.

**AMERICAN SPECIALTY
EMERGENCY CLAIMS SERVICE**

**1-800-566-7941
(24 HOURS/7 DAYS A WEEK)**

FOR ALL CLAIMS EMERGENCIES

Please **IMMEDIATELY** report by **PHONE** all incidents that result in serious injury or death.

Please complete an Incident Report form for **ANY** incident resulting in death, serious injury and/or bodily injury, automobile damage, or property damage, and forward the completed form by fax or by mail to:

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, INDIANA 46804-4133
FAX: 260.969.4729**



INCIDENT REPORT FORM FOR BODILY INJURY

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.



7609 W. Jefferson Blvd., Suite 150

Fort Wayne, Indiana 46804-4133

Phone: 800.566.7941 | Fax: 260.969.4729

Date of Incident: _____ Time of Incident: _____ AM / PM If injured person is a League member, identify: League Club Name: _____ Club Address: _____	Does the Injured Person Have Other Medical Insurance? Yes No If yes, please provide: Name of company: _____ Policy #: _____
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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	Did This Take Place During: Club Ride Special Event Time Trial Race Conditioning Event Fundraiser If during a Special Event, list name of event: _____ Name of League Club putting on the Special Event: _____
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INJURED PERSON INFORMATION			
Last Name	First	Mid.	Telephone Number ()
Address			Single Married
City			Social Security Number (optional):
Age	D.O.B.	Male Female	Employer Name:
			Employer Address:

GUARDIAN/PARENT (if injured person is a minor)			
Last Name	First	Mid.	Telephone Number ()
Address			State Zip

SUSPECTED PRE-EXISTING CONDITION: Yes No

INCIDENT LOCATION	INCIDENT	WEATHER CONDITIONS
Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	Assault/Sexual Assault/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/pedestrian) Struck by falling/flying object	Sunny Raining Foggy Snowing Cloudy
RIDER ACTIVITY	Overexertion Eligibility Trip/fall Slip/fall Slip, bodily reaction Chased by dog Bit by dog Collision (participant/participant) Auto/property (also complete reverse side of this form)	ROAD CONDITIONS
Turning right Passing Turning left Intersection Being passed Straight		Wet Dry Icy
CLASSIFICATION		ROAD TYPE
Minor injury or illness Non-injury Serious injury or illness		Paved Dirt Gravel

PRIMARY INJURY	BODY PARTY INJURED	DISPOSITION
Allergy Dislocation Nausea Amputation Electrical Shock Stroke Abrasion Foreign Body Burn Laceration Fracture Death Drowning Heat Exhaustion Pain Hypertension Sting/bite Illness Cold Injury Contusion Cardiac Seizures Concussion Strain/Sprain Tooth/Mouth	Eye (L/R) Torso Arm (L/R) Nose Back Tooth Neck Face Head Ear (L/R) Leg (L/R) Knee (L/R) Ankle (L/R) Internal Hip (L/R) Shoulder (L/R) Foot (L/R) Elbow (L/R) Hand (L/R) Wrist (L/R) Finger or Toe	Released to parent Police Refusal of care Ambulance Refer to doctor Report Only Medical attention EMS transport Continued riding Patient requested EMS transport Released to personal vehicle Refer to hospital/clinic

DESCRIBE HOW THE INCIDENT OCCURRED:

WITNESS INFORMATION		
NAME	ADDRESS	TELEPHONE NUMBER
1.		()
2.		()

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

Date _____ Phone Number _____ Email: _____

Please provide the name/email address of the individual that will be responsible for verifying claim information in the event of an incident (if different from above).

NAME _____ EMAIL: _____