

USA CYCLING - FIRST REPORT OF OCCURRENCE

Event Name: _____ Permit #: _____

Event Organizer's Name: _____

Promoting Club(s): _____

Event Date(s): _____ Incident Date: _____

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

In Case of Serious Accident or Injury Contact USA Cycling

Injured Person's Role: Participant Volunteer Spectator Official Pedestrian Other: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Gender: Female Male X

Age: _____ DOB: _____ USAC Category: _____ USAC Member#: _____

e-mail: _____

Was the injured person wearing a helmet as the time of the incident: Yes No

Was the injured person riding: Single Bike Tandem Handcycle

Waiver and Release signed? Yes No *(Please ensure any waivers are submitted to USA Cycling.)*

Membership Type: Annual Member One-Day Non-Member

Incident occurred: Before Event During Event After Event Practice Set-up Travel

Type of Event:

Road Racing: <input type="radio"/> Criterium <input type="radio"/> Time Trial <input type="radio"/> Centerline RR <input type="radio"/> Closed RR <input type="radio"/> Other: _____	Mountain: <input type="radio"/> Cross Country <input type="radio"/> Downhill <input type="radio"/> Enduro <input type="radio"/> Dual Slalom <input type="radio"/> Other: _____	Ride: <input type="radio"/> Cyclocross <input type="radio"/> BMX Race <input type="radio"/> BMX Freestyle <input type="radio"/> Track <input type="radio"/> Gran Fondo <input type="radio"/> Gravel <input type="radio"/> Fun Ride <input type="radio"/> Camp/Clinic <input type="radio"/> Other: _____	Weather: <input type="radio"/> Sunny <input type="radio"/> Raining <input type="radio"/> Foggy <input type="radio"/> Snowy <input type="radio"/> Extreme Temps <input type="radio"/> Other: _____	Road Conditions: <input type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Ice Other: _____ Course Type: <input type="radio"/> Paved <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Trail <input type="radio"/> Other: _____
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Incident Location:

Off-Road Highway
 Parking Lot Rural Road
 City Street Off Premises
 Premises/Grounds
 Registration Area
 Restroom/Locker Area
 Velodrome/Track

Activity:

Turning Right
 Turning Left
 Going Straight
 Being Passed
 Passing
 Intersection
 Stationary

Cause:

Assault Struck - object
 Fall (different elevation) Collision - parked car
 Fall (same elevation) Collision - moving car
 Overexertion Collision - animal
 Equipment Failure Collision - participant/participant
 Animal Involvement Collision - participant/spectator
 Auto/Property (please complete next page)

Injury Type:

Non-injury
 Minor injury/illness
 Major injury/illness

Body Part Injured:

Eye Hand Wrist Foot Head Mouth Torso Back Internal
 Ankle Arm Shoulder Leg Face Neck Tooth Nose Finger/Toe
 Knee Hip Elbow Ear 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 Death Other: _____

Disposition:

Report Only Medical Attention Transport by Ambulance Released to Parent Released from Care
 Police Report Continued Riding Hospital Self Transport Refer to Hospital/Doctor Refusal of Care

Describe how the incident occurred:

Name of Chief Referee/Official/Reporter: _____ Date: _____

Phone: _____ e-mail: _____

Witness (with no relation to claimant) Name: _____

Phone: _____ e-mail: _____