SACRAMENTO WHEELMEN
FIRST REPORT OF BODILY INJURY/AUTO ACCIDENT/PROPERTY DAMAGE

Mail completed form to: Sacramento Wheelmen, Attn: Ride Leader, PO Box 3083, Carmichael, CA 95609-3083

DATE OF INCIDENT ______________________________ **TIME OF INCIDENT** __________________ **AM/PM**

DOES THE INJURED PERSON HAVE MEDICAL INSURANCE? ☐ YES ☐ NO
If yes, please provide company name and policy number ______________________________

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
The injured person was riding: ☐ Tandem bike ☐ Single bike

INCIDENT TOOK PLACE DURING: ☐ Club Ride ☐ Special Event ☐ Time Trial ☐ Race ☐ Conditioning Event ☐ Fundraiser
If during a special event, list name and sponsor of event: ______________________________

INJURED PERSON INFORMATION

Last Name First Middle	Telephone No. ( ) ☐ Single ☐ Married
Address	Social Security Number
City State Zip	Employer Name and Address
Age Date of Birth ☐ Male ☐ Female	

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name First Middle	Telephone No. ( )
Address City State Zip	

SUSPECTED PRE-EXISTING CONDITION: ☐ **YES** ☐ **NO**

INCIDENT LOCATION
☐ Off-road
☐ Parking lot
☐ Registration area
☐ Restroom/locker room
☐ Premises/grounds
☐ City street
☐ Highway
☐ Rural road
☐ Off property
☐ Rest stop

RIDER ACTIVITY
☐ Being passed
☐ Turning right
☐ Passing
☐ Turning left
☐ Intersection
☐ Straight

ILLNESS/INJURY CLASSIFICATION ☐ Minor ☐ Serious ☐ None

INCIDENT
☐ Assault/sexual
☐ Assault/non-sexual
☐ Overexertion
☐ Eligibility
☐ Fall (different level)
☐ Fall (same level)
☐ Trip/fall
☐ Slip/fall
☐ Slip, bodily reaction
☐ Caught in, on, between
☐ Struck by falling/flying object
☐ Animal/insect bite/sting
☐ Chased by dog
☐ Bite by dog
☐ Collision (with parked car)
☐ Collision (with moving car)
☐ Collision (with object/animal)
☐ Collision (participant/participant)
☐ Collision (participant/pedestrian)
☐ Auto/property (also complete reverse side)

PRIMARY INJURY
☐ Allergy
☐ Dislocation
☐ Nausea
☐ Amputation
☐ Electrical shock
☐ Stroke
☐ Abrasion
☐ Foreign body
☐ Burn
☐ Laceration
☐ Fracture
☐ Death
☐ Drowning
☐ Heat exhaustion
☐ Pain
☐ Hypertension
☐ Cardiac
☐ Illness
☐ Cold injury
☐ Contusion
☐ Sting/bite
☐ Seizures
☐ Concussion
☐ Strain/sprain
☐ Tooth/mouth

BODY PART INJURED
☐ Eye (L/R)
☐ Nose
☐ Tooth
☐ Ear (L/R)
☐ Face
☐ Head
☐ Neck
☐ Internal
☐ Torso
☐ Back
☐ Arm (L/R)
☐ Shoulder (L/R)
☐ Elbow (L/R)
☐ Hand (L/R)
☐ Wrist (L/R)
☐ Finger or Toe
☐ Hip (L/R)
☐ Leg (L/R)
☐ Knee (L/R)
☐ Ankle (L/R)
☐ Foot (L/R)

WEATHER CONDITIONS
☐ Sunny ☐ Raining ☐ Foggy ☐ Snowing ☐ Cloudy

ROAD CONDITIONS
☐ Wet ☐ Dry ☐ Icy

ROAD TYPE
☐ Paved ☐ Dirt ☐ Gravel

DISPOSITION
☐ Ambulance
☐ Police
☐ Refusal of care
☐ Report only
☐ Continued riding
☐ Refer to doctor
☐ Refer to hospital/clinic
☐ Medical attention
☐ Released to parent
☐ EMS transport
☐ Patient requested EMS transport
☐ Released to personal vehicle

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 #** __________

Eff. 02/03

SACRAMENTO WHEELMEN
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: ______________________________

AUTO MAKE/MODEL/YEAR: ______________________________

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: ______________________________

OTHER AUTO MAKE/MODEL/YEAR: ______________________________

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 reverse side.)

Description of property: ______________________________

Description of damage: ______________________________

Owner's name and address: ______________________________

Owner's telephone numbers: (_____)____________________(day) (_____)____________________(evening)