

**COMPLETE THIS FORM, ATTACH ORIGINAL RELEASE AND RETURN TO ACA OFFICE**



<b>ACA MEDICAL OCCURRENCE FORM</b>	
Race Name _____	
Date _____	Time of Accident _____ am pm
Type of Event (Criterium, Road Race, etc.) _____	Permit # _____

**-----Section 1- Filled out by Medical Personnel ON-SITE-----**

INJURED PARTY IS: Rider\_\_ Official\_\_ Spectator\_\_ Volunteer\_\_ Other,(describe) \_\_\_\_\_

INJURED PARTY NAME \_\_\_\_\_ Rider # (if applicable) \_\_\_\_\_

**CIRCLE ALL THAT APPLY TO INJURIES**

HEAD	SHOULDER	HIP	NECK	SIDE	SPRAIN
FACE	ARM	LEG	CHEST	SCRATCHES	STRAIN
EYE	HAND	KNEE	RIBS	BRUISES	FRACTURE
NOSE	FINGER(S)	FOOT	STOMACH	CUTS	PARALYSIS
MOUTH/TEETH	WRIST	ANKLE	GROIN	SEVERE CUT	<b>FATALITY</b>

**IF YOU CIRCLED FATALITY PLEASE CALL 720-936-1297 IMMEDIATELY AND REPORT THE ACCIDENT TO THE ACA OFFICE. NO EXCEPTIONS!**

On-Site Treatment Only? YES NO Length of treatment time on site? \_\_\_\_\_

Treatment provided on site (Use back of sheet or attach extra pages if necessary):

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Transported to medical facility? YES NO DON'T KNOW If yes, by: AMBULANCE PRIVATE VEHICLE

FACILITY TRANSPORTED TO \_\_\_\_\_ CITY/STATE \_\_\_\_\_

FACILITY PHONE NUMBER \_\_\_\_\_

<b>NAME OF MEDICAL PERSON COMPLETING SECTION 1 OF THIS FORM-</b>	
Print: _____	Sign: _____
POSITION _____	PHONE _____ (D) _____ (E)

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**----Section 2- Filled out by Chief Referee or Designated Race Staff ----**

INJURED'S NAME (First, Middle and Last) \_\_\_\_\_

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE) _____	PHONE _____ (D)	<b>Complete After Event</b>
_____	PHONE _____ (E)	
_____	DATE OF BIRTH _____ SEX: Male Female	
ACA LICENSE NO. _____	ACA CLASS/CATEGORY _____	
PROMOTER'S NAME _____	CLUB _____	
CONTACT PHONE NUMBER _____ (D)	_____ (E)	

ACCIDENT OCCURRED: BEFORE RACE \_\_\_\_\_ DURING RACE \_\_\_\_\_ AFTER RACE \_\_\_\_\_

Emergency Contact Notified: YES NO If so at what time: \_\_\_\_\_ am pm

**HELD ON:**

Public Roads (Open) \_\_\_\_\_ Public Roads (Closed) \_\_\_\_\_ Private Road \_\_\_\_\_ OFF-Road (public) \_\_\_\_\_ OFF-Road (private) \_\_\_\_\_

WEATHER: Clear \_\_\_\_\_ Overcast \_\_\_\_\_ Rain \_\_\_\_\_ Snow \_\_\_\_\_ ESTIMATED: Temperature \_\_\_\_\_ Wind Speed \_\_\_\_\_

ROAD CONDITIONS (at time of accident): Wet \_\_\_\_\_ Dry \_\_\_\_\_ Asphalt \_\_\_\_\_ Concrete \_\_\_\_\_ Dirt \_\_\_\_\_ No. of Lanes \_\_\_\_\_

EVENT OR ROAD MARKINGS INVOLVED IN THE ACCIDENT: YES NO IF SO WHAT: \_\_\_\_\_

WAS EQUIPMENT FAILURE A FACTOR: YES NO IF SO WHAT: \_\_\_\_\_

DID THE ACCIDENT INVOLVE A COLLISION? YES NO IF SO, HOW MANY WERE INVOLVED \_\_\_\_\_

DESCRIPTION OF INCIDENT (Use back of sheet or attach extra pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION PROVIDED BY: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

<b>NAME OF STAFF PERSON / CHIEF REFEREE COMPLETING SECTION 2 OF THIS FORM</b>	
Print: _____	Sign: _____
POSITION _____	PHONE _____ (D) _____ (E)

**ADDITIONAL COMMENTS - USE ADDITIONAL SHEET OF PAPER**

**RETURN ALONG WITH RIDER RELEASE TO  
ACA , c/o Yvonne van Gent  
1135A South Oneida, Denver, CO 80224**