

**LEAGUE OF AMERICAN BICYCLISTS
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: _____

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: _____

MAKE/MODEL/YEAR OF OTHER AUTO: _____

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 number: (____) _____ (day) (____) _____ (evening)