



# SPECIAL OLYMPICS

## FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area:  Date of Incident: \_\_\_\_\_

### Injured Person/Party Information

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Last) (First) (MI)  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Gender:  Male  Female Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

### Type of Injury/ Accident:

- Bodily Injury
- Property Damage
- Automobile
- Other: \_\_\_\_\_

### Injured Party:

- Athlete
- Volunteer
- Coach
- Employee
- Spectator
- Unified Partner
- Property Owner
- Other: \_\_\_\_\_

### Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): \_\_\_\_\_

Site / event where accident occurred: \_\_\_\_\_

### ACCIDENT OCCURRED DURING:

- Training/Practice
- Competition
- Traveling to or from SO event
- Other: \_\_\_\_\_

### TYPE OF INJURY:

- Severe cut w/ bleeding
- Less serious bruise or cut
- Break/fracture
- Concussion
- Paralysis
- Fatality
- Other: \_\_\_\_\_

### DISPOSITION:

- Released to parent
- Refusal of care
- Refer to doctor
- Refer to hospital or clinic
- Medical attention
- EMS transport
- Patient requested EMS transport
- Released to personal vehicle
- Police
- Ambulance
- Report only
- Other: \_\_\_\_\_

### SPORT

- Alpine Skiing
- Aquatics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Bowling
- Cheerleading
- Cross Country Ski
- Cycling
- Equestrian
- Figure Skating
- Floor Hockey
- Golf
- Gymnastics
- Kickball
- Power Lifting
- Relay Game
- Roller Skating
- Sailing
- Snowboarding
- Snowshoe
- Soccer
- Softball
- Speed Skating
- Swimming
- Table Tennis
- Team Handball
- Tennis
- Track & Field
- Volleyball
- Other: \_\_\_\_\_

### BODY PART INJURED:

- Head
- Neck
- Torso
- Back
- Hand (L / R)
- Finger (L / R)
- Elbow (L / R)
- Shoulder (L / R)
- Leg (L / R)
- Knee (L / R)
- Thigh (L / R)
- Shin (L / R)
- Toe (L / R)
- Other: \_\_\_\_\_

### Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Does the injured person have medical insurance?  Yes  No

If yes, insurance is provided by:  Injured Person  Care Provider/Responsible Party

Please provide name of Company and Policy Number: \_\_\_\_\_

### Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Witness #2 Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### Special Olympics Official / Representative (other than claimant)

Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Signature: \_\_\_\_\_

### SEND COMPLETED FORM TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. Jefferson Blvd, Suite 150

Fort Wayne, Indiana 46804-4133

Fax: 260.969.4729

### IF INJURY WAS SERIOUS OR A FATALITY:

IMMEDIATELY NOTIFY AMERICAN SPECIALTY

AT 800.566.7941, 24 hours a day/7 days a week