



# 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Injured Party:**

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

**Type of Injury/ Accident:**

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

**Sport**

- Alpine Skiing
- Aquatics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Bowling
- Cheerleading
- Cross Country
- Ski
- Cycling
- Equestrian
- Figure Skating
- Floor Hockey
- Golf
- Gymnastics
- 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: \_\_\_\_\_

**Accident Occurred During:**

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

**Type of Injury:**

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

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

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

Employer Address: \_\_\_\_\_

Work 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:**  
**If injury was serious or a fatality:**

American Specialty Insurance & Risk Services, Inc., P.O. Box 459, Roanoke, IN 46783; Fax: (260) 673-1291  
IMMEDIATELY notify American Specialty Insurance & Risk Services, Inc.