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: _____
_____
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:
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