SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT/INCIDENT

American Specialty INSURANCE

Special Olympics

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
- ☐ Other:_____
- ☐ Spectator
- ☐ Unified Partner
- ☐ Property Owner

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:_____

_____

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: _____

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

SPORT cont.
- ☐ Power Lifting
- ☐ Relay Game
- ☐ Roller Skating
- ☐ Sailing
- ☐ Snowboarding
- ☐ Snowshoe
- ☐ Soccer
- ☐ Softball
- ☐ Speed Skating
- ☐ Swimming
- ☐ Table Tennis
- ☐ Team Handball
- ☐ Tennis
- ☐ Track & Field
- ☐ Volleyball
- ☐ Other: _____

_____

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify 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:_____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:
HEALTH SPECIAL RISK, INC. (HSR)
HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007
Toll Free: 800.328.1114 | Fax: 972.512.5820
Email: claims@hsri.com

SUBMIT LIABILITY CLAIMS TO:
AMERICAN SPECIALTY INSURANCE
7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
Toll Free: 800.566.7941 | Fax: 260.969.4729
Email: claims@americanspecialty.com

IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY
AMERICAN SPECIALTY at 800.566.7941.
We provide 24/7 Emergency Claims Phone Coverage.