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):______________________________

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____

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: ____________

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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