



SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: Special Olympics Southern California 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: _____

Sport

- | | |
|--|---|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Power Lifting |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Relay Game |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Snowshoe |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Speed Skating |
| <input type="checkbox"/> Cross Country Ski | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Team Handball |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Kickball | |

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: _____

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 Services, Inc., 7609 W. Jefferson Blvd., Ste 100, Fort Wayne, IN 46804; Fax: (260) 969-4729
IMMEDIATELY notify American Specialty Insurance Services, Inc.
Telephone: (800) 245-2744 (24 hours a day / 7 days a week)