



SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: [] Date of Incident: _____

Injured Person/Party Information Date of Birth: _____ Age: _____ Gender: [] Male [] Female

Name: _____ (Last) (First) (MI)

Address: _____ (Street) (City) (State) (Zip)

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

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: _____

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:

Disposition:

- [] Training/Practice
[] Competition
[] Traveling to or from SO event
[] Other: Personal time.

- [] 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
[] 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: _____

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: _____ Employer Name: _____
Name: _____ Employer Address: _____
Address: _____ Work Phone: (____) _____ - _____

Home 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: (____) _____ - _____

Transfer of Care Name and Signature: _____ / _____
Printed Name Signature

Special Olympics Official / Representative (other than claimant)

Name: _____
Signature: _____
Daytime Phone: (____) _____ - _____

Send completed form to:

American Specialty Insurance Services, Inc.
7609 W. Jefferson Blvd. Suite 100
Fort Wayne, IN 46804-4133 or Fax: (260) 969-4729

AND one copy to:

Special Olympics Pennsylvania
2570 Blvd. of the Generals, Suite 124
Norrstown, PA 19403 or Fax: (610) 630-9456

If injury was serious or a fatality:

- 1. IMMEDIATELY notify American Specialty Insurance Services, Inc. Telephone: (800) 566-7941 (24 hours a day / 7 days a week)
2. AND contact the SOPA Crisis Coordinator: 855-701-9030