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: _____

Accident Occurred During:
☐ Training/Practice
☐ Competition
☐ Traveling to or from SO event
☐ Other: _Personal time.

Type of Injury:
☐ Severe cut w/ bleeding
☐ Less serious bruise or cut
☐ Break/fracture
☐ Concussion
☐ Paralysis
☐ 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
☐ 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: _____
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: (_____)_____-_____

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

Special Olympics Official / Representative (other than claimant)

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

MD/DO Name (as warranted): _____
Notes on Back? Y / N *
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**

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
Norristown, PA 19403 or Fax: (610) 630-9456

*** Any volunteer MD/DO or other medical volunteer may use the back of this form to provide additional notes but please indicate notes are made (or not) by circling "Y" or "N"**