



# 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): \_\_\_\_\_

Site / event where accident occurred: \_\_\_\_\_

- 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: \_\_\_\_\_

- 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:  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: \_\_\_\_\_