



# 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  Spectator
- Volunteer  Unified Partner
- Coach  Property Owner
- Employee
- 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: \_\_\_\_\_

**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: \_\_\_\_\_

**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

**SPORT cont.**

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

**SUBMIT ACCIDENT MEDICAL CLAIMS TO:**

HEALTH SPECIAL RISK, INC. (HSR)  
HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007  
Toll Free: 800.328.1114 | Fax: 972.512.5820  
Email: claims@hsri.com

**SUBMIT LIABILITY CLAIMS TO:**

AMERICAN SPECIALTY INSURANCE  
7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804  
Toll Free: 800.566.7941 | Fax: 260.969.4729  
Email: claims@americanspecialty.com

**IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY**

AMERICAN SPECIALTY at 800.566.7941.  
We provide 24/7 Emergency Claims Phone Coverage.