



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.