

FIRST REPORT OF ACCIDENT

If injury was serious or a fatality: IMMEDIATELY notify American Specialty Insurance & Risk Services, Inc. Telephone: 800.566.7941 (24 hours a day/ 7 days a week)

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

Injured Person/Party Information

Name: _____
Last First MI

Address: _____
Street City State Zip

Home Phone: (_____) _____ Work Phone: (_____) _____

Gender: Male Female Social Security Number: _____ - ____ - _____

Type of Injury/Accident: Injured Party:

- | | |
|--|--|
| <input type="checkbox"/> Bodily Injury | <input type="checkbox"/> Athlete |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Employee |
| | <input type="checkbox"/> Spectator |
| | <input type="checkbox"/> Unified Partner |
| | <input type="checkbox"/> Property Owner |
| | <input type="checkbox"/> 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: _____

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: _____

Sport:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Snowshoe |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf | <input type="checkbox"/> Speed Skating |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Kickball | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Power Lifting | <input type="checkbox"/> Team Handball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Relay Game | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Roller Skating | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Cross Country Ski | <input type="checkbox"/> Sailing | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> 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: _____

Contact Provider Information (If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party, e.g. parent, legal guardian.)

Name: _____ Employer Name: _____

Address: _____ Employer Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Does the injured person have medical insurance? Yes No

If yes, insurance provided by: Injured Person Care Provider/Responsible Party

Please provide name of Company and Policy Number: _____

Parent/Guardian/Group Home Notified: Yes No Athlete is own guardian

Date Notified: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident.)

Witness #1 Name: _____ Daytime Phone: (_____) _____

Witness #2 Name: _____ Daytime Phone: (_____) _____

Person Completing this Form

Name: _____ Daytime Phone: (_____) _____

Email: _____

Send completed form to: Greg Vanselow, Vice President of Operations, Special Olympics Minnesota, 900 Second Avenue South, Suite 300 Minneapolis, MN 55402, or Fax 612.333.8782

