

# FIRST REPORT OF INCIDENT

Person Completing Form: \_\_\_\_\_

Delegation: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I am a:

HOD

Coach

ASMT Member

Athlete

Family Member

LSMT Member

Other

## Individuals Involved

Name : \_\_\_\_\_

Delegation: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Individual is a:

HOD

Coach

ASMT Member

Athlete

Family Member

LSMT Member

Other

Name : \_\_\_\_\_

Delegation: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Individual is a:

HOD

Coach

ASMT Member

Athlete

Family Member

LSMT Member

Other

Please list any additional witnesses: \_\_\_\_\_

## Documentation

This occurred at:  State Competition  Area Competition  Practice  Other: \_\_\_\_\_

Date it occurred: \_\_\_\_\_ Time it occurred: \_\_\_\_\_  a.m.  p.m.

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

Date Notified: \_\_\_\_\_

Please describe what happened (please use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this occurred previously?  No  Yes (please list dates): \_\_\_\_\_

What actions have been taken to date (see Volunteer & Athlete Codes of Conduct, page 5 & 33 of Program Administration Guide)?

Verbal Warning

Written Warning (please attach copy)

One-on-One Meeting

Other (please describe): \_\_\_\_\_

Is further action needed:  No  Yes

## Special Olympics Minnesota Use Only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send completed form to: Kelly Monicatti, Program Director, Special Olympics Minnesota, 900 Second Avenue South, Suite 300 Minneapolis, MN 55401, or Fax (612)-333-8782

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)

