

# 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

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:

- Alpine Skiing
- Aquatics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Bowling
- Cheerleading
- Cross Country Ski
- Cycling
- Equestrian
- Figure Skating
- Flag Football
- Floor Hockey
- Golf
- Gymnastics
- Kickball
- Power Lifting
- Relay Game
- Roller Skating
- Sailing
- Snowboarding

### Sport:

- Snowshoe
- Soccer
- Softball
- Speed Skating
- Swimming
- Table Tennis
- Team Handball
- Tennis
- Track and 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: \_\_\_\_\_

## 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: Chad Trench, Director of Operations, Special Olympics Minnesota, 900 Second Avenue South, Suite 300 Minneapolis, MN 55402, or Fax 612.333.8782

