

# FIRST REPORT OF INCIDENT

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

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

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

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

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

I am a:

HOD

Athlete

Other

Coach

Family Member

ASMT Member

LSMT Member

## Individuals Involved

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

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

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

Individual is a:

HOD

Athlete

Other

Coach

Family Member

ASMT Member

LSMT Member

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

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

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

Individual is a:

HOD

Athlete

Other

Coach

Family Member

ASMT Member

LSMT Member

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 55402, 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)

