

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 Other

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: _____

Type of Injury:

- Severe cut with bleeding
- Less serious bruise or cut
- Break/Fracture
- Concussion
- Paralysis
- Fatality
- 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

