SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT/INCIDENT

FORM I

U.S. Program/Area: South Dakota **Date of Incident**: ____________________

TYPE OF INJURY/ACCIDENT:
☐ Bodily Injury
☐ Property Damage
☐ Automobile
☐ Other: ________________

Injured Person/Party Information Date of Birth:_______/_____/_____ Age: __________

Name: ____
(Last) (First) (MI)

Address: ____
(Street) (City) (State) (Zip)

Home Phone: (_________)________-_________ Work Phone: (_________)________-____________

Gender: ☐ Male ☐ Female Social Security Number: ____________-___________

INJURED PARTY:
☐ Athlete ☐ Spectator
☐ Volunteer ☐ Unified Partner
☐ Coach ☐ Property Owner
☐ Employee
☐ 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: ________________

TYPE OF INJURY:
☐ Severe cut w/bleeding
☐ Less serious bruise or cut
☐ Break/fracture
☐ Concussion
☐ Paralysis
☐ Fatality
☐ Other: ________________

DISPOSITION:
☐ Released to parent
☐ Refusal of care
☐ Refer to doctor
☐ Refer to hospital or clinic
☐ Medical attention
☐ EMS transport
☐ Patient requested EMS
☐ Released to personal vehicle
☐ Police
☐ Ambulance
☐ Report only
☐ Other: ________________

INJURY:
☐ Head
☐ Neck
☐ Torso
☐ Back
☐ Hand
☐ Finger
☐ Elbow
☐ Shoulder
☐ Leg
☐ Knee
☐ Thigh
☐ Shin
☐ Toe
☐ Other: ____________

SPORT
☐ Alpine Skiing
☐ Aquatics
☐ Athletics
☐ Badminton
☐ Baseball
☐ Basketball
☐ Bocce
☐ Bowling
☐ Cheerleading
☐ Cross Country Ski
☐ Cycling
☐ Equestrian
☐ Figure Skating
☐ Floor Hockey
☐ Golf
☐ Gymnastics
☐ Kickball

SPORT cont.
☐ Powerlifting
☐ Relay Game
☐ Roller Skating
☐ Sailing
☐ Snowboarding
☐ Snowshoe
☐ Soccer
☐ Softball
☐ Speed Skating
☐ Swimming
☐ Table Tennis
☐ Team Handball
☐ Tennis
☐ Track & Field
☐ Volleyball
☐ Other: ___________

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

Relationship to the injured person: ______________________________
Name: ____
Address: ____
____
Home Phone: (_________) ____________ - ______________

Employer Name: ____
Employer Address: ____
____
Work Phone: (_________) ____________ - ______________

Does the injured person have medical Insurance? ☐ Yes ☐ No
If yes, insurance is provided by: ☐ Injured Person ☐ Care Provider/Responsible Party
Please provide name of Company and Policy Number: ____

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

Witness #1 Name: Daytime Phone: (_________) ____________ - ______________
Witness #2 Name: Daytime Phone: (_________) ____________ - ______________

Special Olympics Official / Representative (other than claimant)

Name: ____ Daytime Phone: (_________) ____________ - ______________
Signature: ____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:
HEALTH SPECIAL RISK, INC. (HSR)
HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007
Toll Free: 800.328.1114 Fax: 972.512.5820
Email: claims@hsri.com

SUBMIT LIABILITY CLAIMS TO:
AMERICAN SPECIALTY INSURANCE
7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
Toll Free: 800.566.7941 Fax: 260.969.4729
Email: claims@americanspecialty.com

IF INJURY WAS SERIOIUS OR FATAL, IMMEDIATELY NOTIFY
AMERICAN SPECIALTY at 800.566.7941
We provide 24/7 Emergency Claims Phone Coverage