

SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT / INCIDENT

U.S. Program/Area: **Nebraska** Date of Incident: _____

INJURED PERSON
<input type="checkbox"/> Athlete
<input type="checkbox"/> Volunteer
<input type="checkbox"/> Coach
<input type="checkbox"/> Employee
<input type="checkbox"/> Spectator
<input type="checkbox"/> Unified Partner
<input type="checkbox"/> Property Owner
<input type="checkbox"/> 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: _____-____-____

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):

Type of Injury/ Accident:

- Bodily Injury
- Property Damage
- Automobile
- Other: _____

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
- 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

SPORT

- | | |
|--|---|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Relay Game |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Snowshoe |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Cross Country Ski | <input type="checkbox"/> Speed Skating |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gymnastics | |
| <input type="checkbox"/> Power Lifting | |

Body Part Injured:

- Head (L / R)
- Neck (L / R)
- Torso (L / R)
- Back (L / R)
- 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 / Care Provider Information If an athlete or underage volunteer was injured, please identify the 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: _____

Send completed form to: American Specialty Insurance Services, Inc, PO Box 459, Roanoke, IN 46783-0309 Fax: (260)-673-1291
 And send a copy to: Special Olympics Nebraska, 11011 Q Street Suite 104C, Omaha, NE 68137-3700

If injury was serious or a fatality: IMMEDIATELY notify American Specialty Insurance Services, Inc
 Telephone (800)566-7941 (24hours a day/7 days a week)
 Notify SONE Office (402)331-5545 (800)247-0105