



# SPECIAL OLYMPICS NEBRASKA

## FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: **NEBRASKA**

Date of Incident: \_\_\_\_\_

**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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Type of Injury/ Accident:**

- ☐ Bodily Injury  
☐ Property Damage  
☐ Automobile  
☐ Other: \_\_\_\_\_

**Injured Party:**

- ☐ Athlete  
☐ Volunteer  
☐ Coach  
☐ Employee  
☐ Spectator  
☐ Unified Partner  
☐ Property Owner  
☐ 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: \_\_\_\_\_

**Sport**

- |  |   |
|--|---|
| <input type="checkbox"/> Alpine Skiing     | <input type="checkbox"/> Power Lifting  |
| <input type="checkbox"/> Aquatics          | <input type="checkbox"/> Relay Game     |
| <input type="checkbox"/> Athletics         | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Badminton         | <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"/> Cheerleading      | <input type="checkbox"/> Speed Skating  |
| <input type="checkbox"/> Cross Country Ski | <input type="checkbox"/> Swimming       |
| <input type="checkbox"/> Cycling           | <input type="checkbox"/> Table Tennis   |
| <input type="checkbox"/> Equestrian        | <input type="checkbox"/> Team Handball  |
| <input type="checkbox"/> Figure Skating    | <input type="checkbox"/> Tennis         |
| <input type="checkbox"/> Floor Hockey      | <input type="checkbox"/> Track & Field  |
| <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball     |
| <input type="checkbox"/> Gymnastics        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Kickball          |   |

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**Type of Injury:**

- ☐ Severe cut w/ bleeding  
☐ Less serious bruise or cut  
☐ Break/fracture  
☐ Concussion  
☐ Paralysis  
☐ Fatality  
☐ 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:**

**If injury was serious or a fatality:**

American Specialty Insurance & Risk Services, Inc., P.O. Box 459, Roanoke, IN 46783; Fax: (260) 673-1291

IMMEDIATELY notify American Specialty Insurance & Risk Services, Inc.

Telephone: (800) 566-7941 (24 hours a day / 7 days a week)

AMER: 189207 - SpecOlym Inc. Rep. Form 03-04