



SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: Special Olympics NH 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: _____

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
- Basketball
- Bocce
- Bowling
- Cross Country Ski
- Cycling
- Equestrian
- Figure Skating
- Floor Hockey
- Golf
- Power Lifting
- Snowboarding
- Snowshoe
- Soccer
- Softball
- Tennis
- 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: _____

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: Special Olympics New Hampshire – SpecialOlympics@sonh.org
650 Elm Street, Manchester, NH 03101
Phone (603) 624-1250 - Fax (603) 624-4911

If injury was serious or a fatality: Immediately notify Mary Conroy (603-770-4055) or Chelsea Gill (603-790-0060)