

SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT/INCIDENT

U.S. Program/Area: 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 ☐ 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 transport
☐ Released to personal vehicle
☐ Police
☐ Ambulance
☐ Report only
☐ 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: _____

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.

- ☐ Power Lifting
☐ 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: _____

COMPLETE FORM AND SUBMIT TO:

ANDREA EDWARDS

Special Olympics New Hampshire PO

Box 3598, Concord NH, 03302

Phone: 860.772.5158

Email: AndreaE@sonh.org

IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY:

MARY CONROY

Phone: 603.770.4055

Email: MaryC@sonh.org