



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
☐ 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:

Amber Tencic, Special Olympics Connecticut, Inc 2666 State St., Suite 1, Hamden, CT 06517-2232; Fax: (203) 230-1202
IMMEDIATELY notify Special Olympics Connecticut, Inc. Email – davidp@soct.org
Emergency: (203) 230-1201 ext. 275 (24 hours a day / 7 days a week) AMER: 189207 – SOCT FRAI Rep. Form 06-08-06