



AMERICAN SPECIALTY®

# SPECIAL OLYMPICS

## FIRST REPORT OF ACCIDENT / INCIDENT



Special Olympics

U.S. Program/Area: Special Olympics Illinois / Area \_\_\_\_\_ Date of Incident: \_\_\_\_\_

### Injured Person/Party Information

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): \_\_\_\_\_

<p>Site / event where accident occurred: _____</p> <p><b>Accident Occurred During:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Training/Practice</li> <li><input type="checkbox"/> Competition</li> <li><input type="checkbox"/> Traveling to or from SO event</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Type of Injury:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Severe cut w/ bleeding</li> <li><input type="checkbox"/> Less serious bruise or cut</li> <li><input type="checkbox"/> Break/fracture</li> <li><input type="checkbox"/> Concussion</li> <li><input type="checkbox"/> Paralysis</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>Disposition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Released to parent</li> <li><input type="checkbox"/> Refusal of care</li> <li><input type="checkbox"/> Refer to doctor</li> <li><input type="checkbox"/> Refer to hospital or clinic</li> <li><input type="checkbox"/> Medical attention</li> <li><input type="checkbox"/> EMS transport</li> <li><input type="checkbox"/> Patient requested EMS transport</li> <li><input type="checkbox"/> Released to personal vehicle</li> <li><input type="checkbox"/> Police</li> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> Report only</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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**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: \_\_\_\_\_

### 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: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 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., P.O. Box 459, Roanoke, IN 46783-0309; **Fax:** (260) 673-1291  
**If injury was serious or a fatality:** IMMEDIATELY notify American Specialty Insurance Services, Inc.  
Telephone: (800) 566-7941 (24 hours a day / 7 days a week) AMER: 150525 - SpecOlym Inc. Rep. Form 02-03

**\*Also, Please FAX to Special Olympics Illinois State Office at 309-888-2570**

## HOW TO FILE THE FIRST REPORT OF ACCIDENT / INCIDENT FORM

### PARTICIPANT ACCIDENT MEDICAL POLICY

Special Olympics has an accident medical policy for Insured Participants that reponds when a Covered Accident has occurred during a Covered Event or during Covered Travel to or from a Covered Event. This is not a sickness or illness policy. An accident must occur in order for coverage to apply. This policy is excess of any other valid and collectible insurance or medical plan that the injured participant may have. Special Olympics Illinois insurance is secondary to all other insurance the participant may have including Medicare and Medicaid. In order to access the secondary accident medical policy a *First Report of Accident/Incident Form* must be completed and submitted as soon as possible.

**Insured Participants:** Includes Special Olympics athletes, unified partners, managers, coaches, officials, chaperones, and all other volunteers whose names and all necessary paperwork and official forms are on file as **officially registered** with Special Olympics Illinois while participating in a Covered Event.

Incidents that occur during events hosted by Special Olympics Illinois will be reported by medical volunteers and staff members at the event. Incidents that occur at events or practices not hosted by Special Olympics Illinois staff members must be reported by the coach who was in attendance at the time of the incident.

### NON-EMERGENCY INCIDENT REPORTS

An incident is an event that has or may result in property damage or traumatically induced bodily injury. An incident includes those events that not only obviously will result in a claim but that also have the potential to result in a claim. Special Olympics Illinois strongly encourages that a report of all incidents be completed and submitted.

All incidents should be reported to Special Olympics Illinois on the form provided. Incident reports should be mailed or faxed to Special Olympics Illinois within 24 hours of the incident. Special Olympics Illinois will review all incident reports and determine whether the report will be submitted to the insurance company. If a claim file is not established, the report will be assigned “incident only” status and monitored for future development.

### EMERGENCY INCIDENT REPORTS

Special Olympics Illinois recognizes that certain incidents are emergencies and requires that these incidents be immediately reported to American Specialty and the Vice President of Administration / Finance of Special Olympics Illinois. The emergency phone number for American Specialty is (800) 566-7941. The contact number for the Vice President of Administration is (309) 888-2555.

Emergencies include any incident that results in fatality, dismemberment, quadriplegia, paraplegia, serious head trauma, severe burns, rape/sexual assault, multiple fractures, incidents involving bodily injury to 10 or more persons and extensive property damage.

When reporting an emergency incident please have as much of the following information available as possible: name and phone number of person reporting incident; name of injured person(s); what is known about the type of injury suffered; the status of the injured person; if applicable, where was the injured person(s) transported; what is known about how the injury occurred; witness identification.