

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: _____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:

HEALTH SPECIAL RISK, INC. (HSR)
HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007
Toll Free: 800.328.1114 | Fax: 972.512.5820
Email: claims@hsri.com

**Also please submit to website@soill.org,
or fax 309-888-2570 to Special Olympics Illinois**

SUBMIT LIABILITY CLAIMS TO:

AMERICAN SPECIALTY INSURANCE
7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
Toll Free: 800.566.7941 | Fax: 260.969.4729
Email: claims@americanspecialty.com

**IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY
AMERICAN SPECIALTY at 800.566.7941.**
We provide 24/7 Emergency Claims Phone Coverage.

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 emailed 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 Chief Operating Officer of Special Olympics Illinois. The emergency phone number for American Specialty is (800) 566-7941. The contact number for the Chief Operating Officer 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.