

SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT/INCIDENT

U.S. Program/Area: Special Olympics New Hampshire 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
 Bocce
 Bowling
 Cheerleading
 Cornhole
 Cross Country Skiing
 Cycling
 Equestrian
 Golf
 Kickball

SPORT cont.

- Powerlifting
 Relay
 Snowboarding
 Snowshoeing
 Softball
 Sprint Triathlon
 Swimming
 Track & Field
 Other: _____
 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: () _____ - _____

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: _____

Employer Name: _____

Employer Address: _____

Work Phone: () _____ - _____

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:

Special Olympics New Hampshire
PO Box 3598, Concord, NH 03302
Phone: 603.624.1250 ; Email: SpecialOlympics@sonh.org

IF INJURY WAS SERIOUS OR FATAL,

IMMEDIATELY NOTIFY

MARY CONROY

Cell phone: 603.770.4055

Email: MaryC@sonh.org