



# SPECIAL OLYMPICS MARYLAND

## FIRST REPORT OF ACCIDENT / INCIDENT



**Type of Injury or Accident:**  
 Bodily  
 Property  
 Automobile  
 Other: \_\_\_\_\_

**Injured Party:**  
 Athlete  
 Volunteer  
 Coach  
 Employee  
 Spectator  
 Unified Partner  
 Property Owner  
 Other: \_\_\_\_\_

**PLEASE WRITE LEGIBLY AND COMPLETE ALL SECTIONS!!**

**DATE OF INCIDENT:** \_\_\_/\_\_\_/\_\_\_

**INJURED PERSON/PARTY INFORMATION:** **DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:**  MALE  FEMALE

**NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**ADDRESS:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**PRIMARY PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **THIS IS MY:**  MOBILE#  HOME#  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 INCIDENT 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: \_\_\_\_\_

**SPORT:**

- Alpine Skiing
- Aquatics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Bowling
- Cheerleading
- Cross Country Ski
- Cycling
- Equestrian
- Figure Skating
- Floor Hockey
- Golf
- Gymnastics
- Kickball
- Power Lifting
- Relay Game
- Roller Skating
- Sailing
- Snowboarding
- Snowshoe
- Soccer
- Softball
- Speed Skating
- Swimming
- Table Tennis
- Team Handball
- Tennis
- Track & Field
- Volleyball
- 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: \_\_\_\_\_

**CONTACT/CARE PROVIDER INFORMATION** (IF AN ATHLETE OR UNDERAGE VOLUNTEER WAS INJURED; IDENTIFY THE 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:** \_\_\_\_\_

**WITNESS INFORMATION:** (Please provide names and phone numbers of any witnesses to the incident, use back of form if needed)

**Witness #1 Name:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Witness #2 Name:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL VOLUNTEER (COMPLETING REPORT):**

**Name:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical License:** (Please circle) MD RN PA EMT

**OTHER Medical License (specify)** \_\_\_\_\_

**SPECIAL OLYMPICS OFFICIAL / REPRESENTATIVE** (other than claimant)

**Name:** \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_

Send completed form to: SOMD, Attn: Sr. Dir. of Operations, 3701 Commerce Drive, Suite 103, Baltimore, MD 21227 or Fax to: 410-242-2580

If injury was serious or a fatality: IMMEDIATELY notify Special Olympics Maryland at 1-800-541-7544 (in MD only) or 410-242-1515 AND American Specialty Insurance & Risk Services, Inc. Telephone: (800) 566-7941 (24 hours a day / 7 days a week)