



SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: WYOMING Date of Incident: _____

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____)____-____ Work Phone: (____)____-____

Gender: [] Male [] Female Social Security Number: ____-____-____

- Injured Party: [] Athlete [] Volunteer [] Coach [] Employee [] Spectator [] Unified [] Partner [] Property Owner [] Other
Type of Injury/ Accident: [] Bodily Injury [] Property Damage [] Automobile [] Other: _____

Injured Person/Party Information Date of Birth: __/__/__ Age: ____

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: _____

Body Part Injured:

- [] Head [] Accident Occurred During: Training/Practice [] Competition [] Released to parent [] Back [] Traveling to or from SO event [] Refusal of care [] Other: _____ [] Finger (L/R) [] Refer to hospital or clinic [] Elbow (L/R) [] Severe cut w/ bleeding [] Type of Injury: [] Medical attention [] EMS transport [] Shoulder (L/R) [] Less serious bruise or cut [] Patient requested EMS transport [] Leg (L/R) [] Break/fracture [] Released to personal vehicle [] Knee Thigh ((L/RL/R)) [] Concussion [] Paralysis [] Shin (L/R) [] Fatality [] Report only [] Toe (L/R) [] Other: _____ [] Other: _____ [] Other: _____

- Sport [] Alpine Skiing [] Aquatics [] Athletics [] Badminton [] Baseball [] Basketball [] Bocce [] Bowling [] Cheerleading [] Cross [] Country Ski [] Cycling [] Equestrian [] Figure Skating [] Floor Hockey [] Golf [] Gymnastics [] 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 the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: _____ Employer Name: _____

Name: _____ Employer Address: _____

Address: _____ Work Phone: (____)____-____ 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)

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:

Special Olympics Wyoming • 239 West 1st St. • Casper, WY 82601

Phone: 307.235.3072 • Fax: 307.235.3063

AMER: 189207 - SpecOlym Inc. Rep. Form 03-04