



SPECIAL OLYMPICS MARYLAND

FIRST REPORT OF ACCIDENT / INCIDENT



Type of Injury or Accident:
 Bodily
 Property
 Automobile
 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 _____

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):

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)

ACCIDENT /INCIDENT CLAIM FILING PROCEDURES

Special Olympics
Maryland



It is important to follow the claims submission process each time there is an injury or death involving Special Olympics registered athletes and volunteers. The process is as follows:

1. Complete the Special Olympics First Report of Accident or Incident form and forward it to the State Office, attention: Sr. Director, Operations, for delivery to American Specialty. A Special Olympics First Report of Accident or Incident form must be sent to American Specialty in order for a claim to be processed. NOTE: The First Report of Accident or Incident form must be signed by a Special Olympics Program official representative in order for it to be accepted (neither the claimant nor his/her parent/guardian may sign the form).
2. If medical treatment is necessary, first file all claims with the primary insurance carrier (the injured party's regular insurance). The Special Olympics Accident Medical policy is excess of any valid and collectible insurance.
3. If the cost of treatment exceeds the primary insurer's limits, or if there is no primary insurance, American Specialty will forward a Proof of Loss form to the claimant (or parent/guardian). Please have claimant (or parent/guardian) complete the form and forward it to American Specialty with the itemized bills and Explanation of Benefits (provided by primary insurer if primary insurance exists). These forms are necessary for American Specialty to process the claim.
4. American Specialty will make a determination of coverage and will either pay the claim or send an explanation/denial letter to the injured party or his/her parent/guardian.

NOTE: The First Report of Accident or Incident form should be completed for all injuries, suspected injuries, or property damage instances. This helps identify the causes of injuries and accidents so that possible steps to reduce or eliminate potential dangers can be taken. Also, it is best to leave the determination of potential liability to the claims professionals.

A similar procedure should be followed to submit a claim each time a spectator is injured, or if there is damage to someone's property in connection with a Special Olympics Program activity.

If a spectator is injured:

1. Complete a First Report of Accident or Incident form and send it to American Specialty as soon as possible.
2. American Specialty will correspond directly with the injured party and the U.S. Program to determine if additional information is needed to make a coverage determination. The claim will be paid or an explanation/denial letter will be sent to the injured party or his/her attorney.

If property is damaged or lost:

1. Complete a First Report of Accident or Incident form.
2. Obtain a police report if one was required.
3. Provide a description of the property and at least two estimates of the value of the damaged or lost property.
4. American Specialty will correspond directly with the injured party or his/her attorney and the U.S. Program to determine if additional information is needed to make a coverage determination. The claim will be paid or an explanation/denial letter will be sent to the injured party or his/her attorney.

The claims submission process which should be taken if an automobile accident occurs is:

1. Obtain a copy of the police report.
2. Complete the Special Olympics Automobile Loss Report and forward it to American Specialty along with the police report as soon as possible.
3. American Specialty will correspond directly with the injured party or his/her attorney and the U.S. Program to determine if additional information is needed to make a coverage determination. The claim will be paid or an explanation/denial letter will be sent to the injured party or his/her attorney.
4. If a Special Olympics Program is found to be liable, and primary insurance does not exist, please forward all estimates, bills, etc. to American Specialty as soon as possible. (NOTE: Special Olympics Non-owned & Hired Automobile Liability coverage is excess of any valid and collectible insurance. The Hired Auto Physical Damage coverage is first dollar after the \$1,000 per accident deductible.)

The following instructions apply to all claims situations:

- ◆ In the case of a serious injury or death, please contact American Specialty immediately at 800-566-7941, 24 hours a day – 7 days-a-week.
- ◆ Do not assume liability for the injury/damage and **do not make promises to cover medical costs, damages, etc. to the injured party or anyone else.** There may be other factors involved. The insurance company is the only entity which will determine if coverage is available.
- ◆ Make a copy of all claims forms and information for your files and forward the originals to American Specialty.