AYSO INCIDENT REPORT FORM

Return the completed form to the regional commissioner, area director, safety director or tournament director

Complete this form for:
1. Injuries
2. Incident – threats
3. Incident – fighting – any type
4. Property damage
5. Law enforcement summoned

AFFECTED PARTY: ☐ **Player** ☐ **Official** ☐ **Coach** ☐ **Spectator** ☐ **Volunteer** ☐ **Other**

Last Name	First Name	MI	Section	Area	Region
				Birth date:	
Address:				**AYSO ID #**	

City: State: Zip: Telephone: ( ) ☐ Male ☐ Female

Does the injured person have other medical insurance? ☐ Yes ☐ No

If yes, please provide name of company and policy #: _____ Employer Name & Address:

GUARDIAN/PARENT (*if affected party is a minor*):

Last Name First Name MI Telephone Number: **( )**

Address: City: State: Zip:

INCIDENT INFO: Date of Incident: Age Division: ☐ Boys ☐ Girls Time of Incident: AM / PM

Tournament Name & Location *(if applicable)*

Team Involved #1:	Coach Name:	Region #
Team Involved #2:	Coach Name:	Region #

BODY PART INJURED

☐ Ankle (L/R)	☐ Shoulder(L/R)	☐ Back
☐ Knee (L/R)	☐ Wrist (L/R)	☐ Neck
☐ Nose	☐ Finger	☐ Internal
☐ Head	☐ Eye (L/R)	☐ No injury
☐ Tooth	☐ Ear (L/R)	☐ Other

If ankle injury, was ankle:
☐ Taped/Supported
☐ Unsupported
Shoes: ☐ Yes ☐ No

***If knee injury, was knee*:**
☐ Braced/Supported
☐ Unsupported
Knee Pads: ☐ Yes ☐ No

PRIMARY INJURY

☐ Abrasion	☐ Dislocation	☐ Pain
☐ Burn	☐ Foreign Body	☐ Seizures
☐ Cardiac	☐ Fracture	☐ Sting/Bite
☐ Cold Injury	☐ Heat Exhaustion	☐ Strain/Sprain
☐ Concussion	☐ Laceration	
☐ Contusion	☐ Nausea	

LOCATION
☐ Before Competition/Event
☐ During Competition/Event
☐ After Competition/Event
☐ Competition Area
☐ Concession Area
☐ Parking Lot
☐ Restrooms
☐ Off Property
☐ Bleachers/Stands

INCIDENT

☐ Collision (participant/spectator)	☐ Animal/insect bite/sting
☐ Collision (with object)	☐ Slip/Fall
☐ Collision (participant/participant)	☐ Overexertion
☐ Collision (spectator/spectator)	☐ Assault/Sexual
☐ Struck by falling /flying object	☐ Assault/Non-Sexual
☐ Caught in, on, between goal	☐ Property Damage

DISPOSITION

No care given:	☐ Not Needed
	☐ Patient Refused
Released:	☐ To Parent
	☐ To Personal Vehicle
Referral	☐ To Doctor
	☐ To Hospital/Clinic
EMS transport::	☐ Region Recommended
	☐ Patient/Parent Requested

FIELD SURFACE ☐ Dirt ☐ Grass ☐ Indoor

CLASSIFICATION ☐ Non-Injury *(threat, assault)* ☐ Minor Injury or Illness ☐ Serious Injury or Illness

POLICE REPORT FILED: ☐ Yes ☐ No ***If yes, report number:*** ***Officer's Name& badge # :***

Describe how the incident, injury or property damage occurred: (*use the backside or attach a separate sheet if necessary – may attach a copy of the Referee Game Misconduct Report*)

WITNESS INFORMATION - Confidential

Name	Address	Telephone Number

Person/volunteer completing/submitting this form:

Name:	Signature:	Ph: **( )** Cell: **( )**
Position Title:	e-mail address:	Date:

Rev: 12-5-2006