



AYSO
INCIDENT REPORT FORM
Use in the event of
Injury, Incident or Property Damage

*Give this form
to your Regional
Commissioner or
Safety Director*

INJURED PERSON INFORMATION/PROPERTY DAMAGE OWNER:

Last Name	First Name	MI	Telephone:	
			Social Security #:	
Address:			AYSO ID #	
City:	State:	Zip:	Age:	D.O.B.:
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Employer Name & Address:				
Team Name:		Section :	Area:	Region:
Does the injured person have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide name of company and policy #:</i> _____				
INJURED PERSON: <input type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____				

GUARDIAN/PARENT (if injured person is a minor):

Last Name	First Name	MI	Telephone Number:	
			()	
Address:		City:	State:	Zip:

INCIDENT INFORMATION: Date of Incident: _____ Time of Incident: _____ AM /PM

BODY PART INJURED	If ankle injury, was ankle:	PRIMARY INJURY
? Ankle (L/R) ? Shoulder (L/R) ? Back	? Taped/Supported	? Abrasion ? Fracture
? Knee (L/R) ? Wrist (L/R) ? Neck	? Unsupported	? Bum ? Heat Exhaustion
? Nose ? Finger ? Internal	Shoes: ? Yes ? No	? Cardiac ? Nausea
? Head ? Eye (L/R) ? No injury	If knee injury, was knee:	? Cold Injury ? Laceration
? Tooth ? Ear (L/R) ? Other	? Braced/Supported	? Concussion ? Pain
	? Unsupported	? Contusion ? Seizures
	Knee Pads: ? Yes ? No	? Dislocation ? Sting/Bite
		? Foreign Body ? Strain/Sprain

LOCATION	INCIDENT	DIS POSITION
? Before Competition/Event	? Collision (participant/spectator)	<i>No care given:</i> ? Not Needed
? During Competition/Event	? Collision (with object)	? Patient Refused
? After Competition/Event	? Collision (participant/participant)	<i>Released:</i> ? To Parent
? Competition Area	? Collision (spectator/spectator)	? To Personal Vehicle
? Concession Area	? Struck by falling /flying object	<i>Referral</i> ? To Doctor
? Parking Lot	? Caught in, on, between goal	? To Hospital/Clinic
? Restrooms	? Animal/insect bite/sting	<i>EMS transport::</i> ? Region Recommended
? Off Property	? Slip/Fall	? Patient/Parent Requested
? Bleachers/Stands	? Overexertion	
	? Assault/Sexual	
	? Assault/Non-Sexual	
	? Property Damage	

FIELD SURFACE ? Dirt ? Grass ? Indoor **CLASSIFICATION** ? Non-Injury ? Minor Injury or Illness ? Serious Injury or Illness

POLICE REPORT FILED: ? Yes ? No *If yes, report number:* _____ *Officer's Name:* _____

Describe how the incident, injury or property damage occurred: *(use the backside or attach a separate sheet if necessary)*

WITNESS INFORMATION		
Name	Address	Telephone Number

Person completing this form:

Name:	Signature:	Title:	Date:	Phone: ()
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