



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: <input type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other					
Last Name	First Name	MI	Section	Area	Region
Address:					Birth date:
City: State: Zip: Telephone: ()					<input type="checkbox"/> Male <input type="checkbox"/> Female
Does the injured person have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Boys <input type="checkbox"/> 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			If ankle injury, was ankle:	PRIMARY INJURY		
<input type="checkbox"/> Ankle (L/R)	<input type="checkbox"/> Shoulder(L/R)	<input type="checkbox"/> Tooth	<input type="checkbox"/> Taped/Supported	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Pain
<input type="checkbox"/> Knee (L/R)	<input type="checkbox"/> Wrist (L/R)	<input type="checkbox"/> Back	<input type="checkbox"/> Unsupported	<input type="checkbox"/> Burn	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Seizures
<input type="checkbox"/> Leg	<input type="checkbox"/> Finger	<input type="checkbox"/> Neck	Shoes: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sting/Bite
<input type="checkbox"/> Foot	<input type="checkbox"/> Eye (L/R)	<input type="checkbox"/> Internal	If knee injury, was knee:	<input type="checkbox"/> Cold Injury	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Strain/Sprain
<input type="checkbox"/> Toe	<input type="checkbox"/> Ear (L/R)	<input type="checkbox"/> No injury	<input type="checkbox"/> Braced/Supported	<input type="checkbox"/> Concussion	<input type="checkbox"/> Laceration	
<input type="checkbox"/> Arm	<input type="checkbox"/> Nose	<input type="checkbox"/> Other	<input type="checkbox"/> Unsupported	<input type="checkbox"/> Contusion	<input type="checkbox"/> Nausea	
<input type="checkbox"/> Hand	<input type="checkbox"/> Head		Knee Pads: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

FIELD SURFACE <input type="checkbox"/> Dirt <input type="checkbox"/> Grass <input type="checkbox"/> Indoor	CLASSIFICATION <input type="checkbox"/> Non-Injury <input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness
<input type="checkbox"/> Field Turf <input type="checkbox"/> Astro Turf	(threat, assault)

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: ()
Position Title:	e-mail address:	Cell: ()
		Date:



Form Instructions – AYSO Incident Report Form

Purpose:

The AYSO Incident Report Form is used whenever there is a personal injury, damaged property, or threats of or actual physical violence surrounding an AYSO game, practice, event or property. The form should be prepared by the Affected Party (Player, Player Guardian, Coach, AYSO Official, AYSO Volunteer, Spectator or other). The form may also be prepared by a member of the regional staff such as the regional safety director, or by tournament or event staff members.

Entry Instructions:

Form Preparation	<p>The regional safety director should supply each coach with several copies of the form at the beginning of each season, as well as Soccer Accident Insurance (SAI) claim forms. Additional copies should be available at each field site. Coaches who take teams to tournaments should carry several copies of each form throughout the tournament season.</p> <p>If there is an incident involving injury to a player or volunteer which will result in the filing of a SAI claim, then an Incident Report Form should be completed as well.</p> <p>If there are multiple affected parties to the same incident, then all parties should fill out their own form.</p>
Form Entries	<p>Fill out all entries on the form that pertain to the incident.</p>
Witness Information	<p>When an incident occurs, it is important to gather as much witness information as possible, especially if the witness is independent or neutral. Use a separate page to collect each witness's statement. In addition to gathering the name, address and phone number of all witnesses, gather and attach as many written statements as possible from the key witness. If the incident happened during a game, attach the referee's Game Misconduct Report as well.</p>
Description of Incident	<p>Provide as full a description as you can of the events surrounding the incident, attaching additional pages if necessary (be sure that all additional pages are numbered and securely attached to the report.)</p>
Routing	<p>During an event or activity related to a region's primary season, the completed form should be submitted to the respective regional commissioner.</p> <p>During a secondary activity (e.g. a tournament), the form should be submitted to the regional commissioner, secondary activity's director, or regional safety director.</p> <p>At a tournament, the tournament staff may prepare a report as well. In this case, a copy of the report should immediately be sent to the respective regional commissioner(s).</p> <p>In the event of a lawsuit or General Liability filing, the NSTC will request a copy of the form from the region.</p> <p>In all cases, copies of the Incident Report should always be sent to the regional commissioner, area director, and in the case of a secondary event the secondary event director and safety director.</p>
Retention	<p>Incident forms should be maintained in a regional file and stored for <u>7 years</u>. In the case of a secondary event which is sponsored at the area or section level, the secondary event host should retain the original copy for <u>7 years</u>, while each region should retain their copies for <u>7 years</u>.</p>