



INCIDENT REPORT FORM

Return the completed form to the Academy 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
Address:						Birth date:
						AYSO ID #
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		
<i>If yes, please provide name of company and policy #:</i>				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			<i>If ankle injury, was ankle:</i>	PRIMARY INJURY		
Ankle (L/R)	Shoulder (L/R)	Tooth	Taped/Supported	Abrasion	Dislocation	Pain
Knee (L/R)	Wrist (L/R)	Back	Unsupported	Burn	Foreign Body	Seizures
Leg	Finger	Neck	Shoes: Yes No	Cardiac	Fracture	Sting/Bite
Foot	Eye (L/R)	Internal	<i>If knee injury, was knee:</i>	Cold Injury	Heat Exhaustion	Strain/Sprain
Toe	Ear (L/R)	No injury		Concussion	Laceration	
Arm	Nose	Other	Unsupported	Contusion	Nausea	
Hand	Head		Knee Pads: Yes No			

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

FIELD SURFACE	Dirt Grass Indoor	CLASSIFICATION	Non-Injury (threat, assault) Minor Injury or Illness Serious Injury or Illness
	Field Turf Astro Turf		

POLICE REPORT FILED: Yes No	<i>If yes, report number:</i>	<i>Officer's Name & badge # :</i>
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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:	