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.: ☐ Male ☐ Female

Employer Name & Address:

Team Name: | Section: : Area: Region:

Does the injured person have other medical insurance? ☐ Yes ☐ No *If yes, please provide name of company and policy #:* _____

INJURED PERSON: ☐ Player ☐ Official ☐ Coach ☐ Spectator ☐ Volunteer ☐ 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

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

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 ☐ 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: ( )