



**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> _____				
<b>INJURED PERSON:</b> <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:				Zip:
City:		State:		

**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	<b>If knee injury, was knee:</b>	? 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: ( )
-------	------------	--------	-------	------------