



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

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