



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 <i>If yes, please provide name of company and policy #:</i> _____						
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:
Date of Incident: _____ Time of Incident: _____ AM /PM							

INCIDENT INFORMATION:

BODY PART INJURED	If ankle injury, was ankle:	PRIMARY INJURY
Ankle (L/R)	Taped/Supported	Abrasion
Shoulder (L/R)	Unsupported	Bum
Back	Shoes: Yes No	Fracture
Neck	If knee injury, was knee:	Heat Exhaustion
Wrist (L/R)		Braced/Supported
Nose	Unsupported	Nausea
Finger	Knee Pads: Yes No	Laceration
Internal		Pain
No injury		Seizures
Eye (L/R)		Dislocation
Head		Foreign Body
Ear (L/R)		Sting/Bite
Tooth		Strain/Sprain

LOCATION	INCIDENT	DIS POSITION
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		

FIELD SURFACE	Dirt	Grass	Indoor	CLASSIFICATION	Non-Injury	Minor Injury or Illness	Serious Injury or Illness
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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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Describe how the incident, injury or property damage occurred: *(use the backside or attach a separate sheet if necessary)*