



AYSO INCIDENT REPORT FORM

Complete this form for any of the following: (check type)

Injury/illness Threats Fights Property damage Calls to Police Other

Return **completed** form to the Regional Commissioner, Safety Director, Area Director, or Tournament Director.

AFFECTED PARTY: <input checked="" type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other		AYSO ID #	Region #
Last Name	First Name	MI	Birth date:
Address:			City:
Does the injured person have other medical insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, please provide name of company and policy #:

GUARDIAN/PARENT (if affected party is a minor):			
Last Name	First Name	MI	Telephone Number: ()
Address:		City:	State: Zip:

INCIDENT INFO:	Date of Incident: 10-26-19	Age Division: 8u	<input checked="" type="checkbox"/> Boys <input type="checkbox"/> Girls	Time of Incident: 12:40-12:45	AM/PM <input checked="" type="checkbox"/> PM
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Tournament Name & Location (if applicable)			
Team Involved #1: The Tornados	Coach Name: Angelica	Region # 884	
Team Involved #2: Thunder Kids	Coach Name: Roman	Region # 884	

FOR INJURIES: BODY PART INJURED			TYPE OF INJURY			FIELD SURFACE	LOCATION
<input type="checkbox"/> Ankle (L/R)	<input type="checkbox"/> Shoulder(L/R)	<input type="checkbox"/> Tooth	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Pain	<input type="checkbox"/> Dirt	<input type="checkbox"/> Before Competition/Event
<input type="checkbox"/> Knee (L/R)	<input type="checkbox"/> Wrist (L/R)	<input type="checkbox"/> Back	<input type="checkbox"/> Burn	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Seizures	<input type="checkbox"/> Grass	<input checked="" type="checkbox"/> During Competition/Event
<input type="checkbox"/> Leg	<input type="checkbox"/> Finger	<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sting/Bite	<input type="checkbox"/> Turf	<input type="checkbox"/> After Competition/Event
<input type="checkbox"/> Foot	<input type="checkbox"/> Eye (L/R)	<input type="checkbox"/> Internal	<input type="checkbox"/> Cold Injury	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Strain	<input type="checkbox"/> Indoor	<input type="checkbox"/> Concession Area
<input type="checkbox"/> Toe	<input type="checkbox"/> Ear (L/R)	<input type="checkbox"/> No injury	<input type="checkbox"/> Concussion	<input type="checkbox"/> Laceration	<input type="checkbox"/> Sprain		<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Arm	<input type="checkbox"/> Nose	<input type="checkbox"/> Other	<input type="checkbox"/> Contusion	<input type="checkbox"/> Nausea			<input type="checkbox"/> Restrooms
<input type="checkbox"/> Hand	<input type="checkbox"/> Head						

CAUSE	OUTCOME	POLICE REPORT FILED?:
<input type="checkbox"/> Collision (participant/spectator) <input type="checkbox"/> Struck by falling/flying object <input type="checkbox"/> Struck by or fell into goal <input type="checkbox"/> Animal/insect bite/sting <input type="checkbox"/> Slip/Fall <input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Property Damage	<i>No care given:</i> <input type="checkbox"/> Not Needed <input type="checkbox"/> Patient Refused <i>Released:</i> <input type="checkbox"/> To Parent <input type="checkbox"/> To Personal Vehicle	<i>Referral:</i> <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital/Clinic <i>EMS transport:</i> <input type="checkbox"/> Region Recommended <input type="checkbox"/> Patient/Parent Requested
		<input type="checkbox"/> Yes <input type="checkbox"/> No Report No: Officer's Name & Contact No:

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)

walked up and both coaches were on the field arguing about which kid is more aggressive. A parent walked out and said we will move the kid he is complaining about to the back of the field. They agreed and five minutes later they called the game.

WITNESS INFORMATION - Confidential		
Name	Address	Phone Number

Person/volunteer completing/submitting this form:		
Name: Steven Wright	Signature: <i>[Signature]</i>	Ph: () Cell: ()
Position Title: Board Member	e-mail address:	Date:
Regional Commissioner: print name	Signature:	Date:

AYSO Staff: Forward copy of completed form to AYSO, Attn: Risk Mgmt, 19750 S Vermont Ave, Suite 200, Torrance, CA 90502 or scan and email to riskmanagement@ayso.org.