



# 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 type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other		AYSO ID #	Region #
Last Name	First Name	MI	Birth date:
			Phone: (    )
Address:		City:	State:    Zip:
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 #:	

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

<b>INCIDENT INFO:</b>	Date of Incident:	Age Division:	<input type="checkbox"/> Boys <input type="checkbox"/> Girls	Time of Incident:    AM / PM
-----------------------	-------------------	---------------	---	------------------------------

Tournament Name & Location (if applicable)

Team Involved #1:	Coach Name:	Region #
Team Involved #2:	Coach Name:	Region #

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

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"/> To Doctor <input type="checkbox"/> Patient Refused <input type="checkbox"/> To Hospital/Clinic  <i>Released:</i> <input type="checkbox"/> To Parent <input type="checkbox"/> Region Recommended <input type="checkbox"/> To Personal Vehicle <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)

WITNESS INFORMATION - Confidential		
Name	Address	Phone Number

<b>Person/volunteer completing/submitting this form:</b>		
Name:	Signature:	Ph: (    ) Cell: (    )
Position Title:	e-mail address:	Date:
Regional Commissioner: <i>print name</i>	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.**

## AYSO Incident Report Form - Instructions

**NOTE: This form should NOT be completed by a parent unless the parent is the coach.**

### Purpose:

The AYSO Incident Report Form is used whenever there is a personal injury or illness, damaged property, or threats and/or actual physical violence surrounding an AYSO event (game, practice), property damage, or calls to the police. The form should be prepared by the coach, AYSO Official, or AYSO Volunteer which may be a member of the regional staff such as the regional safety director, or by tournament or event staff members.

### Entry Instructions:

<b>Form Preparation</b>	<p>The regional safety director should supply each coach with several copies of the form at the beginning of each season. Additional copies should be available at each field site. Coaches who take teams to tournaments should carry several copies of each form throughout the tournament season.</p> <p>If there is an incident involving injury to a player or volunteer which will result in the filing of a SAI claim, then an Incident Report Form should be completed as well.</p> <p>If there are multiple affected parties to the same incident, then all parties should fill out their own form.</p> <p><b>Note: The Region, Area or Tournament is responsible for mailing a copy of the Incident Report to AYSO, Attn: Risk Management, 19750 S Vermont Ave, Suite 200, Torrance, CA 90502 or scan and email a copy to riskmanagement@ayso.org.</b></p>
<b>Form Entries</b>	<p>Fill out all entries on the form that pertain to the incident.</p>
<b>Witness Information</b>	<p>When an incident occurs, it is important to gather as much witness information as possible, especially if the witness is independent or neutral. Use a separate page to collect each witness's statement. In addition to gathering the name, address and phone number of all witnesses, gather and attach as many written statements as possible from the key witness. If the incident happened during a game, attach the referee's Game Misconduct Report as well.</p>
<b>Description of Incident</b>	<p>Provide as full a description as you can of the events surrounding the incident, attaching additional pages if necessary (be sure that all additional pages are numbered and securely attached to the report.)</p>
<b>Routing</b>	<p>During an event or activity related to a region's primary season, the completed form should be submitted to the respective Regional Commissioner or Safety Director.</p> <p>During a secondary activity (e.g. a tournament), the form should be submitted to the Regional Commissioner, secondary activity's director, or Regional Safety Director.</p> <p>At a tournament, the tournament staff may prepare a report as well. In this case, a copy of the report should immediately be sent to the respective Regional Commissioner(s).</p> <p>In all cases, copies of the Incident Report should always be sent to the Regional Commissioner, Area Director, Safety Director, and in the case of a secondary event the Secondary Event Director.</p> <p><b>Note: A copy of the Incident Report must be sent to the AYSO, Attn: Risk Management, 19750 S Vermont Ave, Suite 200, Torrance, CA 90502 or scan and email a copy to riskmanagement@ayso.org.</b></p>
<b>Retention</b>	<p>Incident forms should be maintained in a regional file and stored for a minimum of <u>15 years</u>. In the case of a secondary event which is sponsored at the area or section level, the secondary event host should retain the original copy for a minimum of <u>15 years</u>.</p> <p>Secondary events must also send copies of the Incident Reports to <b>AYSO, Attn: Risk Management to the address or email listed above for storage.</b></p>