2004 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 *If yes, please provide name of company and policy #:* ____________________

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:

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	_ Burn	_ Heat Exhaustion
_ Nose	_ Finger	_ Internal	Shoes: _ Yes _ No	_ Cardiac	_ Nausea
_ Head	_ Eye (L/R)	_ No injury	***If knee injury, was knee*:**	_ 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		DISPOSITION	
_ Before Competition/Event	_ Collision (participant/spectator)	_ Animal/insect bite/sting	*No care given:*	_ Not Needed
_ During Competition/Event	_ Collision (with object)	_ Slip/Fall		_ Patient Refused
_ After Competition/Event	_ Collision (participant/participant)	_ Overexertion	*Released:*	_ To Parent
_ Competition Area	_ Collision (spectator/spectator)	_ Assault/Sexual		_ To Personal Vehicle
_ Concession Area	_ Struck by falling /flying object	_ Assault/Non-Sexual	*Referral*	_ To Doctor
_ Parking Lot	_ Caught in, on, between goal	_ Property Damage		_ To Hospital/Clinic
_ Restrooms			*EMS transport::*	_ Region Recommended
_ Off Property				_ Patient/Parent Requested
_ Bleachers/Stands				

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: ( )