

## **AYSO INCIDENT REPORT FORM**

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

\*\*Note: Region, Area or Tournament Staff: Forward copy of completed form to AYSO, Attn: Risk Mgmt, 12501 Isis Ave, Hawthorne, CA 90250.

Complete this form for: 1. Injuries

Injuries
 Incident – threats
 Incident – fighting – any type
 Property damage
 Law enforcement summoned

AFFECTED PA	ARTY: 🗆 Playe	er 🗆 Official 🗆 Coad	h □ Sp	ectator	□V	olunteer	□ Ot	her Section	on	_ Area	Re	gion		
Last Name		First Name			MI					Mal	е	ı	Female	
	Birth									Birth date:				
									Λ.V.	SO ID #				
Address:									AT	30 ID #				
City:	City: State: Zip: Telephone: ( )													
Contact email(s):														
Does the injured	Does the injured person have other medical insurance?  Yes  No If yes, please provide name of company and policy #:													
Employer Name	•			Ш -										
GUARDIAN/I	PARENT (if aff	ected party is a minor):	<u>.</u>											
Last Name First Name MI Telephone Number: ( )														
Address:		City:						State: Zip:						
INCIDENT	NCIDENT Date of Incident:			Age Division:			□ Boy	☐ Boys ☐ Girls ☐ Time of Inciden				AM		
INFO:							_						/ PM	
Tournament Name & Location (if applicable)														
Team Involved		Coach Name:						Region #						
Team Involved #2:				Coach Name:								Region	า #	
BODY PART INJURED						ıry, was aı	nkle:	PRIMARY INJU						
<ul><li>☐ Ankle (L/R)</li><li>☐ Knee (L/R)</li></ul>		hculder(L/R) $\Box$ To			ed/Suppo			<ul><li>☐ Abrasion</li><li>☐ Burn</li></ul>		Dislocation Foreign Boo		☐ Pair ☐ Seiz		
□ Leq	□ Wrist (L/R) □ Back □ Finger □ Neck			☐ Unsupported Shoes: ☐ Yes ☐ No				☐ Cardiac		Fracture	лу		ng/Bite	
□ Foot		ernal	ii kiioo iiijai y, iiao kii			e:	☐ Cold Injury		Heat Exhau	stion		-		
□ Toe □ Arm					) = 5. accarcappo. toa					Laceration Nausea		Strain/	/Sprain	
☐ Hand	HEI	☐ Unsupported ☐ Contusion Knee Pads: ☐ Yes ☐ No						i vausca						
LOCA	TION		INCI	DENT	<u> </u>	103 110	l		D	ISPOSIT	ION		-	
☐ Before Compe		ctator)							□ Not Needed					
☐ During Competition/Event ☐ Collision (with object) ☐ After Competition/Event ☐ Collision (participant/participa				□ Slip/Fall pant) □ Overexertion Released:						☐ Patient Refused ☐ To Parent				
☐ Competition Area ☐ Collision (spectator/spectator)				r) Assault/Sexual						☐ To Personal Vehicle				
☐ Concession Area ☐ Struck by falling /flying object									Referral □ To Doctor					
<ul><li>□ Parking Lot</li><li>□ Restrooms</li></ul>	☐ Parking Lot☐ Caught in, on, between goa								☐ To Hospital/Clinic  Insport:: ☐ Region Recommended					
☐ Restrooms ☐ Off Property				EMS tran						□ Patient/Parent Requested				
☐ Bleachers/Stands										ury or Illness ☐ Serious Injury or				
FIELD SURFACE	☐ Dirt ☐ Grass ☐ Field Turf ☐		CLASSI	FICATI	ON	☐ Non-Ir (threat, as	, ,	☐ Minor Inj	ury or III		⊒ Seric Ilness	us Injur	y or	
	ORT FILED:	Yes □ No If yes, repor	t number:				,	Officer's Name	& badge	e#:				
Describe how the incident, injury or property damage occurred: (use the backside or attach a separate sheet if necessary – may attach a copy														
describe now 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)														
		WITN	ESS INFO	ORMAT	TON -	Confider								
Name				Address								Telephone Number		
													-	
Person/volun	teer completing	g/submitting this form	:								1			
Name:	Signa	Signature:						Ph: <b>(</b>	Ph: ( ) Cell: ( )					
Position Title:	o mai	e-mail address:							(	)   Date	· ·			
i OsitiOH TITIE:	E-IIIdl	ii auui 655								Date				

## AYSO Incident Report Form - Instructions

## Purpose:

The AYSO Incident Report Form is used whenever there is a personal injury, damaged property, or threats of or actual physical violence surrounding an AYSO game, practice, event or property. 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:**

Form Preparation The regional safety director should supply each coach with several copies of the form at the

beginning of each season, as well as Soccer Accident Insurance (SAI) claim forms. 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.

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.

If there are multiple affected parties to the same incident, then all parties should fill out their own form.

Note: Copies of the Incident Report must be sent to the AYSO, Attn: Risk Management,

12501 Isis Ave. Hawthorne, CA 90250.

Form Entries Fill out all entries on the form that pertain to the incident.

Witness Information 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.

Description of Incident 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.)

Routing During an event or activity related to a region's primary season, the completed form should be

submitted to the respective regional commissioner.

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.

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).

In all cases, copies of the Incident Report should always be sent to the Regional Commissioner, Area Director, and in the case of a secondary event the Secondary Event Director and Safety

Director.

Note: Copies of the Incident Report must be sent to the AYSO, Attn: Risk Management,

12501 Isis Ave, Hawthorne, CA 90250.

Retention Incident forms should be maintained in a regional file and stored for <u>7 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 <u>7 years</u>, while each region should retain their copies for <u>7</u>

years.