



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 # (Required)	Region # (Required)
Last Name		First Name	MI
Address:		City:	State: Zip:
Does the injured person have 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	Address (if different than above):
Email 1:		Cell Ph:	
Email 2:		Cell Ph:	
Email 3:		Cell Ph:	
INCIDENT INFO:	Date of Incident:	Age Division:	<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Co-ed Time of Incident:
Location (if applicable-Tournament name):			
Team Involved #1:		Coach Name:	Region #
Team Involved #2:		Coach Name:	Region #
FOR INJURIES: BODY PART INJURED		TYPE OF INJURY/ILLNESS	FIELD SURFACE
<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"/> COVID-19	<input type="checkbox"/> Dirt <input type="checkbox"/> Grass <input type="checkbox"/> Turf <input type="checkbox"/> Indoor
LOCATION		<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	No care given: <input type="checkbox"/> Not Needed <input type="checkbox"/> Patient Refused Released: <input type="checkbox"/> To Parent <input type="checkbox"/> To Personal Vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No Report No: Officer's Name & Contact No:
Referral: <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital/Clinic EMS transport: <input type="checkbox"/> Region Recommended <input type="checkbox"/> Patient/Parent Requested			
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			
Person/volunteer completing/submitting this form:			
Name:		Signature:	
Position Title:		E-mail address:	
RC or Safety Director (print name):		Signature:	
Cell:		Date:	
Date:		Date:	

AYSO Staff ONLY: Email completed form to riskmanagement@ayso.org. Questions? Email or call 800-872-2976.

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:

<p>Form Preparation</p>	<p>The Region should provide coaches with several copies of the form at the beginning of each season. Additional copies can be downloaded from https://www.aysovolunteers.org/incident-report-form/</p> <p>Coaches who take teams to tournaments should carry several copies of each form throughout the tournament season.</p> <p>An Incident Report should be completed for any incident involving injury to a player or volunteer. If there are multiple affected parties to the same incident, then all parties should fill out their own form.</p> <p>Note: The Region, Area or Tournament is responsible for emailing a copy of the Incident Report to AYSO at riskmanagement@ayso.org. Questions? Email or call 800-872-2976.</p>
<p>Form Entries</p>	<p>Fill out the form completely and include all details pertaining to the injury/incident.</p>
<p>Witness Information</p>	<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>
<p>Description of Incident</p>	<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>
<p>Routing</p>	<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>Note: A copy of the Incident Report must be sent to the AYSO at riskmanagement@ayso.org. If you have questions, send an email or 800-872-2976.</p>
<p>Retention</p>	<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 AYSO, Attn: Risk Management the email listed above for storage.</p>