



INCIDENT INFORMATION

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

Injury/Illness	Threat	Fight	Property Damage	Call to Police	Other	
Date		Time	AM PM	Age Division	Boys Girls	
Team Involved #1		Coach Name		Region #		
Team Involved #2		Coach Name		Region #		
Tournament Name and Location (If applicable)						
CAUSE		OUTCOME		FIELD SURFACE	LOCATION	
Collision (Participant/Spectator)	Slip/Fall	No Care Given:	Referral:	Dirt	Before Competition/Event	
Struck By Object	Assault (Sexual)	Not Needed	To Doctor	Grass	During Competition/Event	
Struck By/Fell into goal	Assault (Non-Sexual)	Patient Refused	To Hospital/Clinic	Turf	After Competition/Event	
Animal/Insect Bite/Sting	Property Damage	Released:	EMS Transport:	Indoor	Concession Area	
		To Parent	Region Recommended		Parking Lot	
		To Personal Vehicle	Patient/Parent Requested		Restrooms	
BODY PART (FOR INJURIES)		TYPE OF INJURY			POLICE REPORT	
Ankle (L/R)	Shoulder (L/R)	Tooth	Abrasion	Dislocation	Pain	Filed? Yes No
Knee (L/R)	Wrist (L/R)	Back	Burn	Foreign Body	Seizures	Report #
Leg	Finger	Neck	Cardiac	Fracture	Sting/Bite	Officer's Name & Phone Number
Foot	Eye (L/R)	Internal	Cold Injury	Heat Exhaustion	Strain	
Toe	Ear (L/R)	No Injury	Concussion	Laceration	Sprain	
Arm	Nose	Other	Contusion	Nausea		
Hand	Head					

Describe how the incident, injury, or property damage occurred
(attach a copy of the Referee Game Misconduct Report if necessary)

AFFECTED PARTY

Player	Official	Coach	Spectator	Volunteer	Other
AYSO ID #:			Region #	Birth Date	
Name (First MI Last)				Telephone	
Address					
City			State	Zip	
Does injured have medical insurance?	Yes	No	Medical/Insurance Carrier & Policy #		
Guardian/Parent (If Affected Party Is A Minor)					
Name (First MI Last)				Telephone	
Address					
City			State	Zip	

WITNESS INFORMATION (CONFIDENTIAL)

Name	Address	Phone Number

PERSON/VOLUNTEER COMPLETING/SUBMITTING THIS FORM

Name	Signature	Telephone
Position Title	Email	Date
RC Name	Signature	Date

AYSO Staff send copy of completed form to:

AYSO, Attn: Risk Mgmt, 19750 S Vermont Ave, Suite 200, Torrance, CA 90502 or email to riskmanagement@ayso.org