



# AYSO ADULT SOCCER INCIDENT REPORT

**Coaches:** Return completed form to the League Director.

**League Staff ONLY:** Forward copy of completed form to: AYSO Adult Soccer,  
Attn: Risk Mgmt, 19750 S Vermont Ave, Suite 200, Torrance, CA 90502

Complete this form for:  
1. Injuries  
2. Incident – threats  
3. Incident – fighting – any type  
4. Property damage  
5. Law enforcement summoned

**AFFECTED PARTY:** ☐ Player ☐ Official ☐ Coach ☐ Spectator ☐ Other

**LEAGUE #** \_\_\_\_\_

|           |            |    |             |        |
|-----------|------------|----|-------------|--------|
| Last Name | First Name | MI | Male        | Female |
| Address:  |            |    | Birth date: |        |
|           |            |    | NAASA ID #: |        |

|                                                                                                                                           |        |      |                |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------|------|----------------|
| City:                                                                                                                                     | State: | Zip: | Telephone: ( ) |
| Contact email(s):                                                                                                                         |        |      |                |
| Does the injured person have other medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Company Name and policy #: |        |      |                |
| Employer Name & Address:                                                                                                                  |        |      |                |

|                       |                   |               |                                                                                                 |                           |
|-----------------------|-------------------|---------------|-------------------------------------------------------------------------------------------------|---------------------------|
| <b>INCIDENT INFO:</b> | Date of Incident: | Age Division: | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Co-ed | Time of Incident: AM / PM |
|-----------------------|-------------------|---------------|-------------------------------------------------------------------------------------------------|---------------------------|

|                                            |             |          |
|--------------------------------------------|-------------|----------|
| Tournament Name & Location (if applicable) |             |          |
| Team Involved #1:                          | Coach Name: | League # |
| Team Involved #2:                          | Coach Name: | League # |

|                                      |                                        |                                    |                                                                     |                                      |                                          |                                     |
|--------------------------------------|----------------------------------------|------------------------------------|---------------------------------------------------------------------|--------------------------------------|------------------------------------------|-------------------------------------|
| <b>BODY PART INJURED</b>             |                                        |                                    | <b>If ankle injury, was ankle:</b>                                  | <b>PRIMARY INJURY</b>                |                                          |                                     |
| <input type="checkbox"/> Ankle (L/R) | <input type="checkbox"/> Shoulder(L/R) | <input type="checkbox"/> Tooth     | <input type="checkbox"/> Taped/Supported                            | <input type="checkbox"/> Abrasion    | <input type="checkbox"/> Dislocation     | <input type="checkbox"/> Pain       |
| <input type="checkbox"/> Knee (L/R)  | <input type="checkbox"/> Wrist (L/R)   | <input type="checkbox"/> Back      | <input type="checkbox"/> Unsupported                                | <input type="checkbox"/> Burn        | <input type="checkbox"/> Foreign Body    | <input type="checkbox"/> Seizures   |
| <input type="checkbox"/> Leg         | <input type="checkbox"/> Finger        | <input type="checkbox"/> Neck      | Shoes: <input type="checkbox"/> Yes <input type="checkbox"/> No     | <input type="checkbox"/> Cardiac     | <input type="checkbox"/> Fracture        | <input type="checkbox"/> Sting/Bite |
| <input type="checkbox"/> Foot        | <input type="checkbox"/> Eye (L/R)     | <input type="checkbox"/> Internal  | <b>If knee injury, was knee:</b>                                    | <input type="checkbox"/> Cold Injury | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Strain     |
| <input type="checkbox"/> Toe         | <input type="checkbox"/> Ear (L/R)     | <input type="checkbox"/> No injury | <input type="checkbox"/> Braced/Supported                           | <input type="checkbox"/> Concussion  | <input type="checkbox"/> Laceration      | <input type="checkbox"/> Sprain     |
| <input type="checkbox"/> Arm         | <input type="checkbox"/> Nose          | <input type="checkbox"/> Other     | <input type="checkbox"/> Unsupported                                | <input type="checkbox"/> Contusion   | <input type="checkbox"/> Nausea          |                                     |
| <input type="checkbox"/> Hand        | <input type="checkbox"/> Head          |                                    | Knee Pads: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |                                          |                                     |

|                                                   |                                                              |                                                   |
|---------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <b>LOCATION</b>                                   | <b>INCIDENT</b>                                              | <b>DISPOSITION</b>                                |
| <input type="checkbox"/> Before Competition/Event | <input type="checkbox"/> Collision (participant/spectator)   | <input type="checkbox"/> No care given:           |
| <input type="checkbox"/> During Competition/Event | <input type="checkbox"/> Collision (with object)             | <input type="checkbox"/> Not Needed               |
| <input type="checkbox"/> After Competition/Event  | <input type="checkbox"/> Collision (participant/participant) | <input type="checkbox"/> Patient Refused          |
| <input type="checkbox"/> Competition Area         | <input type="checkbox"/> Collision (spectator/spectator)     | <input type="checkbox"/> To Personal Vehicle      |
| <input type="checkbox"/> Concession Area          | <input type="checkbox"/> Struck by falling /flying object    | <input type="checkbox"/> To Doctor                |
| <input type="checkbox"/> Parking Lot              | <input type="checkbox"/> Caught in, on, between goal         | <input type="checkbox"/> To Hospital/Clinic       |
| <input type="checkbox"/> Restrooms                |                                                              | <input type="checkbox"/> League Recommended       |
| <input type="checkbox"/> Off Property             |                                                              | <input type="checkbox"/> Patient/Parent Requested |
| <input type="checkbox"/> Bleachers/Stands         |                                                              |                                                   |

|                      |                                                                                                                               |                       |                                                                                                                                                           |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FIELD SURFACE</b> | <input type="checkbox"/> Dirt <input type="checkbox"/> Grass<br><input type="checkbox"/> Turf <input type="checkbox"/> Indoor | <b>CLASSIFICATION</b> | <input type="checkbox"/> Non-Injury (threat, assault) <input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                 |                                      |
|---------------------------------------------------------------------------------|--------------------------------------|
| <b>POLICE REPORT FILED:</b>                                                     | <b>Officer's Name &amp; badge #:</b> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, report number: |                                      |

**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 | Tele Number |
|                                    |         |             |
|                                    |         |             |

|                                                |                 |                      |
|------------------------------------------------|-----------------|----------------------|
| <b>Person completing/submitting this form:</b> |                 |                      |
| Name:                                          | Signature:      | Ph: ( )<br>Cell: ( ) |
| Position Title:                                | e-mail address: | Date:                |
| League Director: print name (required)         | Signature:      | Date:                |

# AYSO Adult Soccer Incident Report Form - Instructions

## Purpose:

The AYSO Adult Soccer Incident Report Form is used whenever there is a personal injury, damaged property, or threats of or actual physical violence surrounding an AYSO Adult Soccer game, practice, event or property. The form should be prepared by the coach or AYSO Adult Soccer Staff member. ***This form should NOT be completed by the injured party unless he/she is an AYSO Adult Soccer Staff member.***

## Entry Instructions:

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form Preparation        | <p>The League 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, coach, spectator or other which will result in the filing of a Accident Insurance 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><i>Note: The League is responsible for mailing a copy of the Incident Report to:<br/>AYSO Adult Soccer,<br/>Attn: Risk Management,<br/>19750 S Vermont Ave, Suite 200, Torrance, CA 90502.</i></b></p> |
| 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                 | <p>During an event or activity related to a League's primary season, the completed form should be submitted to the respective League Director or League Registrar.</p> <p>During a secondary activity (e.g. a tournament), the form should be submitted to the League Director or League Registrar.</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 League Directors(s).</p> <p>In all cases, copies of the Incident Report should always be sent to the League Director, League Registrar.</p> <p><b><i>Note: A copy of the Incident Report must be sent to:<br/>AYSO Adult Soccer,<br/>Attn: Risk Management,<br/>19750 S Vermont Ave, Suite 200, Torrance, CA 90502.</i></b></p>                                           |
| Retention               | Incident forms should be maintained in a League file and stored for a minimum of <u>15 years</u> . Copies of the Incident Reports <b>must be sent to AYSO Adult Soccer, Attn: Risk Management for storage.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |