



JAMUL AYSO
INCIDENT REPORT FORM
Use in the event of
Injury, Incident or Property Damage

*Give this form
to your Regional
Commissioner or
Safety Director*

<u>INJURED PERSON INFORMATION/PROPERTY DAMAGE OWNER:</u>			
Last Name	First Name	MI	Telephone:
			Social Security #:

Address:		AYSO ID #
City:	State:	Zip: Age: D.O.B.: <input type="checkbox"/> Male <input type="checkbox"/> 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: _____

<u>GUARDIAN/PARENT (if injured person is a minor):</u>			
Last Name	First Name	MI	Telephone Number: ()
Address:		City:	State: Zip:

INCIDENT INFORMATION:	Date of Incident:	Time of Incident:	AM / PM
BODY PART INJURED	<i>If ankle injury, was ankle:</i>	PRIMARY INJURY	
_ Ankle (L/R) _ Shoulder (L/R) _ Back _ Knee (L/R) _ Wrist (L/R) _ Neck _ Nose _ Finger _ Internal _ Head _ Eye (L/R) _ No injury _ Tooth _ Ear (L/R) _ Other	_ Taped/Supported _ Unsupported Shoes: Yes No <i>If knee injury, was knee:</i> _ Braced/Supported _ Unsupported Knee Pads: _ Yes _ No	_ Abrasion _ Fracture _ Burn _ Heat Exhaustion _ Cardiac _ Nausea _ Cold Injury _ Laceration _ Concussion _ Pain _ Contusion _ Seizures _ Dislocation _ Sting/Bite Foreign Body _ Strain/Sprain	

LOCATION	INCIDENT	DISPOSITION
_ Before Competition/Event _ During Competition/Event _ After Competition/Event _ Competition Area _ Concession Area _ Parking Lot _ Restrooms _ Off Property Bleachers/Stands	_ Collision (participant/spectator) _ Animal/insect bite/sting _ Collision (with object) _ Slip/Fall _ Collision (participant/participant) _ Overexertion _ Collision (spectator/spectator) _ Assault/Sexual _ Struck by falling /flying object _ Assault/Non-Sexual _ Caught in, on, between goal _ Property Damage	<i>No care given:</i> _ Not Needed _ Patient Refused <i>Released:</i> _ To Parent _ To Personal Vehicle <i>Referral</i> _ To Doctor _ To Hospital/Clinic <i>EMS transport::</i> _ Region Recommended _ Patient/Parent Requested

FIELD SURFACE _ Dirt _ Grass _ Indoor	CLASSIFICATION _ Non-Injury _ Minor Injury or Illness _ Serious Injury or Illness
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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: ()
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