



# Attleboro Youth Soccer Inc. Incident Report



Complete this form and submit immediately to Attleboro Youth Soccer's League Director for all incidents (e.g. accidents in parking lots, unruly sideline behavior, physical or verbal confrontation between players, or spectators, confrontations directed at referees and any incident that could become a potential insurance claim or lawsuit or pose a risk for anyone involved in the AYS program). Please report near misses as well as they can be instrumental in avoiding future accidents.

1. Name of Person Completing Report \_\_\_\_\_ Title \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City, State, Zip \_\_\_\_\_
4. Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

## LOCATION OF ACCIDENT / INCIDENT

5. Date of Incident \_\_\_\_\_ Time: \_\_\_\_\_ AM/ PM Type of Incident: Bodily Injury / Property Damage
6. Event \_\_\_\_\_ Event Date \_\_\_\_\_
7. Location Address \_\_\_\_\_
8. Specific Location: (Field, Parking Lot, Gym, Etc.) \_\_\_\_\_

## BODILY INJURY REPORT

9. Name of Injured Person \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M or F
10. Street Address \_\_\_\_\_
11. City, State, Zip \_\_\_\_\_
12. Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_
13. Part of the Body Injured \_\_\_\_\_ Describe Injury \_\_\_\_\_
14. Brief Summary of Incident (Provide Facts Only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Did injured person make a statement? YES or NO If yes, please describe what was said below:  
\_\_\_\_\_  
\_\_\_\_\_
16. Was First Aid administrated? YES or NO by whom (name & position) \_\_\_\_\_  
Describe First Aid given: \_\_\_\_\_
17. Were Paramedics called? YES or NO Paramedic Services Offered: Accepted or Refused  
Were Police called? YES or NO Police Department \_\_\_\_\_ Officer \_\_\_\_\_



# Attleboro Youth Soccer Inc. Incident Report



18. Were Parents/Guardian/Relatives notified? YES or NO

By Whom \_\_\_\_\_ Notifier's Day Phone (\_\_\_\_) \_\_\_\_\_  
Name of Parent/Guardian/Relative Contacted \_\_\_\_\_ Relationship to injured  
person \_\_\_\_\_ Parent/Relative's home phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Damage To Property Report

Name of Property Owner \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Describe property damage \_\_\_\_\_  
Summarize how damage occurred (provide facts only): \_\_\_\_\_

### Complete Witness Information

Name of Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Relationship to Injured party : Friend/Relative

Event official Referee Participant Program Participant Spectator other \_\_\_\_\_

Did witness make a statement YES or NO.? If yes , describe what was said and attach additional pages if necessary

If more than one witness please list names on separate paper and ask them to provide description of what took place.