INCIDENT REPORT

Complete and return to LYSA Commissioner

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

AFFECTEDPARTY: ☐ **Player** ☐ **Official** ☐ **Coach** ☐ **Spectator** ☐ **Volunteer** ☐ **Other** **Section_____ Area ____ Region_____**

Last Name	First Name	MI		Male		Female
			Birth date:			
Address:						
City:	State:	Zip:	Telephone: ( )			
Contact email(s):						
Does the injured person have other medical insurance?	☐ Yes	☐ No	***If yes, please provide name of company and policy #:____***			
Employer Name & Address:						

GUARDIAN/PARENT*(if affected party is a minor)*:

Last Name	First Name	MI	Telephone Number: ( )
Address:	City:	State:	Zip:

INCIDENT INFO:	Date of Incident:	Age Division:	☐ Boys ☐ Girls	Time of Incident: AM / PM

Tournament Name & Location *(if applicable)*

Team Involved #1:	Coach Name:
Team Involved #2:	Coach Name:

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

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

FIELDSURFACE	☐ Dirt ☐ Grass ☐ Turf ☐ Indoor	**CLASSIFICATION**	☐ Non-Injury *(threat, assault)*	☐ Minor Injury or Illness	☐ Serious Injury or Illness

POLICEREPORTFILED: ☐ Yes ☐ No ***If yes, report number:*** ***Officer's Name& badge # :***

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*)

WITNESSINFORMATION- Confidential

Name	Address	Tele Number

Person/volunteer completing/submitting this form:

Name:	Signature:	Ph: ( ) Cell: ( )
Position Title:	e-mail address:	Date:
Regional Commissioner: *print name*	Signature:	Date: