GTAAA

INCIDENT REPORT FORM

Complete this form for any of the following: *(check type)*

☐Injury/illness ☐Threats ☐Fights ☐Property damage ☐Calls to Police ☐Other

*Return **completed** form to the*
President GTAAA
Safety Director, Area Director, or Tournament Director.

AFFECTED PARTY: ☐ **Player** ☐ **Official** ☐ **Coach** ☐ **Spectator** ☐ **Volunteer** ☐ **Other**	**AYSO ID #**	**Region #**
Last Name First Name MI		**Birth date:**
		Phone: ( )
Address:	City:	State: Zip:
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:	Region #
Team Involved #2:	Coach Name:	Region #

FOR INJURIES: BODY PART INJURED

☐ Ankle (L/R)	☐ Shoulder(L/R)	☐ Tooth
☐ Knee (L/R)	☐ Wrist (L/R)	☐ Back
☐ Leg	☐ Finger	☐ Neck
☐ Foot	☐ Eye (L/R)	☐ Internal
☐ Toe	☐ Ear (L/R)	☐ No injury
☐ Arm	☐ Nose	☐ Other
☐ Hand	☐ Head	

TYPE OF INJURY

☐ Abrasion	☐ Dislocation	☐ Pain
☐ Burn	☐ Foreign Body	☐ Seizures
☐ Cardiac	☐ Fracture	☐ Sting/Bite
☐ Cold Injury	☐ Heat Exhaustion	☐ Strain
☐ Concussion	☐ Laceration	☐ Sprain
☐ Contusion	☐ Nausea	

FIELD SURFACE

☐ Dirt
☐ Grass
☐ Turf
☐ Indoor

LOCATION

☐ Before Competition/Event
☐ During Competition/Event
☐ After Competition/Event
☐ Concession Area
☐ Parking Lot
☐ Restrooms

CAUSE

☐ Collision (participant/spectator)
☐ Struck by falling/flying object
☐ Struck by or fell into goal
☐ Animal/insect bite/sting
☐ Slip/Fall
☐ Assault/Sexual
☐ Assault/Non-Sexual
☐ Property Damage

OUTCOME

No care given:
☐ Not Needed
☐ Patient Refused

Released:
☐ To Parent
☐ To Personal Vehicle

Referral
☐ To Doctor
☐ To Hospital/Clinic

EMS transport:
☐ Region Recommended
☐ Patient/Parent Requested

POLICE REPORT FILED?:
☐ Yes ☐ No *Report No:*
Officer's Name & Contact No:

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	Phone Number

Person/volunteer completing/submitting this form:

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