AYSO 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 Regional Commissioner, Safety Director, Area Director, or Tournament Director.*

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

AYSO ID # 69787-268272 ***(Required)*** | **Region #** 418 ***(Required)***

Last Name	**First Name**	**MI**	**Birth date:** 08061976
Slone	John	E	**Phone:** 6306700965

Address:	**City:**	**State:**	**Zip:**
4929N Wolcott Ave 3A	Chicago	IL	60640

Does the injured person have medical insurance? **YES** ☐ **NO** ☐ | ***If yes, please provide name of company and policy #:***

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

Last Name	**First Name**	**Address** *(if different than above):*

Email 1: | **Cell Ph:**

Email 2: | **Cell Ph:**

Email 3: | **Cell Ph:**

INCIDENT INFO:

Date of Incident:	***Age Division:***		***Time of Incident:***
11/8/2026	10U	☒ ***Boys*** ☐ ***Girls*** ☐ ***Co-ed***	5:45 PM

Location *(if applicable-Tournament name):* Chicago Lake Front Turf Field 1A

Team Involved #1: Lake Front Extra	*Coach Name:* Tim Wilson	*Region #* 418
Team Involved #2: Glenview	*Coach Name:*	*Region #* Glenview IL

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/ILLNESS

☐ Abrasion	☐ Dislocation	☐ Pain
☐ Burn	☐ Foreign Body	☐ Seizures
☐ Cardiac	☐ Fracture	☐ Sting/Bite
☐ Cold Injury	☐ Heat Exhaustion	☐ Strain
☐ Concussion	☐ Laceration	☐ Sprain
☐ Contusion	☐ Nausea	☐ COVID-19

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

Referral:
☐ To Doctor
☐ To Hospital/Clinic

Released:
☐ To Parent
☐ To Personal Vehicle

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*)

An altercation occurred near the field of play between two non-spectators. One individual assaulted the other with a glass bottle, causing a head injury. Play was stopped and players secured until law enforcement and emergency medical services responded. The injured individual was transported to the hospital via ambulance, and police assumed control of the scene. The match was restarted when it was safe to continue.

WITNESS INFORMATION – Confidential

Name	**Address**	**Phone Number**
Michale Goroff	2909-B N. Wolcott Ave Chicago IL 60657	3125137689
Tim Wilson	4118 N. Lincoln Ave 301 Chicago IL 60618	3129259680

Person/volunteer completing/submitting this form:

Name:	**Signature:**	**Cell:**
John Slone		6306700965
Position Title:	**E-mail address:**	**Date:**
Safety Director	safety@ayso418.org	11/9/2026
RC or Safety Director (print name):	**Signature:**	**Date:**
Safety Director		11/9/2026

AYSO Staff ONLY: Email completed form to riskmanagement@ayso.org. Questions? Email or call 800-872-2976.

Rev 06-2021 hv

AYSO Incident Report Form – Instructions

NOTE: This form should NOT be completed by a parent unless the parent is the coach.

Purpose:

The AYSO Incident Report Form is used whenever there is a personal injury or illness, damaged property, or threats and/or actual physical violence surrounding an AYSO event (game, practice), property damage, or calls to the police. The form should be prepared by the coach, AYSO Official, or AYSO Volunteer which may be a member of the Regional staff such as the Regional safety director, or by tournament or event staff members.

Entry Instructions:

Form Preparation	The Region should provide coaches with several copies of the form at the beginning of each season. Additional copies can be downloaded from **https://www.aysovolunteers.org/incident-report-form/** Coaches who take teams to tournaments should carry several copies of each form throughout the tournament season. An Incident Report should be completed for any incident involving injury to a player or volunteer. If there are multiple affected parties to the same incident, then all parties should fill out their own form. ***Note: The Region, Area or Tournament is responsible for emailing a copy of the Incident Report to AYSO at riskmanagement@ayso.org. Questions? Email or call 800-872-2976.***
Form Entries	Fill out the form completely and include all details pertaining to the injury/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	During an event or activity related to a region's primary season, the completed form should be submitted to the respective Regional Commissioner or Safety Director. During a secondary activity (e.g. a tournament), the form should be submitted to the Regional Commissioner, secondary activity's director, or Regional Safety Director. 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 Regional Commissioner(s). In all cases, copies of the Incident Report should always be sent to the Regional Commissioner, Area Director, Safety Director, and in the case of a secondary event the Secondary Event Director. ***Note: A copy of the Incident Report must be sent to the AYSO at riskmanagement@ayso.org. If you have questions, send an email or 800-872-2976.***
Retention	Incident forms should be maintained in a regional file and stored for a minimum of 15 years. In the case of a secondary event which is sponsored at the area or section level, the secondary event host should retain the original copy for a minimum of 15 years. Secondary events must also send copies of the Incident Reports to **AYSO, Attn: Risk Management the email listed above for storage.**