



## SWAMPSCOTT YOUTH SOCCER ASSOCIATION INCIDENT REPORT

Complete this form and submit immediately to Swampscott Youth Soccer's League Director and please copy your Age Group Director for all incidents (e.g., accidents in parking lots, unruly sidelines, physical or verbal confrontation between coaches, players, or spectators, confrontations directed at referees or tournament officials, etc), and any incident that could become a potential insurance claim or lawsuit or pose a risk for anyone involved in the SYSA 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 (\_\_\_\_) \_\_\_\_\_ Day 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 (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_
13. Part of the Body Injured \_\_\_\_\_ Describe Injury \_\_\_\_\_

14. Brief Summary of Incident (provide facts only): \_\_\_\_\_

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15. Did injured person make a statement? YES or NO If yes, please describe what was said below:

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16. Was First Aid administered? YES or NO By Whom (name & position) \_\_\_\_\_  
Describe First Aid given: \_\_\_\_\_

17. Were Paramedics called? YES or NO Paramedic Service Offered: Accepted or Refused  
Were Police called? YES or NO Police Department \_\_\_\_\_ Officer \_\_\_\_\_

18. Were Parents/Guardian/Relatives notified? YES or NO  
By Whom \_\_\_\_\_ Notifier's Day Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian Contacted \_\_\_\_\_ Relationship to injured Person \_\_\_\_\_  
Parent/Relative's Home Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**DAMAGE TO PROPERTY REPORT**

Name of Property owner \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Day 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 (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Injured Party: Relative/Friend (specify) \_\_\_\_\_

Event Official Referee 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.

**PLEASE SEND REPORT DIRECTLY TO YOUR AGE GROUP DIRECTOR  
IMMEDIATELY & GET CONFIRMATION THAT THEY HAVE RECEIVED IT.**