



SWAMPSCOTT YOUTH SOCCER ASSOCIATION INCIDENT REPORT

Complete this form and submit immediately to Swampscott Youth Soccer's Safety Director and the Age Group Director (both found on www.swampscottsoccer.com) for all incidents, pre, post or during game or practice (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. Date of Report: _____
2. Name of Person Completing Report _____ Title _____
3. Street Address _____
4. City, State, Zip _____
5. 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. Summary of Incident (provide facts only-add attachment if needed):
15. Did injured person make a statement? YES or NO If yes, please describe what was said below:

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): _____

OTHER INCIDENT REPORT:

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
DIRECTLY TO LEAGUE DIRECTOR.