



SITE INCIDENT REPORT

Please complete and submit to Illinois Youth Soccer.

Complete this form and submit immediately to Illinois Youth Soccer office 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. This form should include information beyond that listed in the Illinois Youth Soccer Medical Action Report, claim form and Red Card Report.

Name of Person Completing Report _____ Title _____

Street Address _____

City, State, Zip _____

Cell Phone (____) _____ Day Phone (____) _____ Email _____

LOCATION OF ACCIDENT / INCIDENT

Date of Incident _____ Time _____ AM / PM Type of Incident: Bodily Injury Property Damage

Event _____ Event Date(s) _____

Location Address _____

Specific Location (field #, parking lot, gym, etc) _____

COMPLETE WITNESS INFORMATION

Name of Witness _____

Street Address _____

City, State, Zip _____

Home Phone (____) _____ Day Phone (____) _____ Email _____

Witness _____ Title _____ Phone (____) _____

Relationship to Injured Party: Relative/Friend (specify) _____

Event Official Referee Program Participant Spectator Other _____

Did Witness Make A Statement? YES NO If yes, describe what was said and attach additional information if necessary.

BODILY INJURY REPORT

Name of Related Club & Team _____ Team Age _____ U Gender: F or M

Name of Injured Person _____ Birthdate _____ Gender: F or M

Street Address _____

City, State, Zip _____

Cell Phone (____) _____ Day Phone (____) _____ Email _____

Part of Body Injured _____ Describe Injury _____

Brief Summary of Incident (provide facts only):

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

Was First Aid administered? YES or NO If yes, by whom: Name _____

Title _____

Describe First Aid given _____

Were Paramedics called? YES or NO Paramedic Service Offered: Accepted or Refused

Were Police called? YES or NO Officer's Name & Dept _____

Were Parents/Guardian/Relatives notified? YES or NO

By Whom _____ Cell Phone (_____) _____

Name of Parent/Relative Contacted _____ Relationship to Injured Person _____

Parent/Relative's Cell Phone (_____) _____ Day Phone (_____) _____ Email _____

Do you expect this person to submit a claim? YES NO Do Not Know

DAMAGE TO PROPERTY REPORT

Name of Related Club & Team _____ Team Age ____ U Gender: F or M

Name of Property Owner _____

Street Address _____

City, State, Zip _____

Cell Phone (_____) _____ Day Phone (_____) _____ Email _____

Describe property damage _____

Summarize how damage occurred (provide facts only):

Estimated Cost to Repair \$ _____ Estimates Attached? YES NO

Signature of Person Completing Report _____ Date _____

Submit to Illinois Youth Soccer Association
1655 S. Arlington Heights Road, Suite 201, Arlington Heights, IL 60005
847/290-1577 847/290-1576(F) mk@illinoisyouthsoccer.org