



TOURNAMENT STAFF/FIELD MARSHALL ACCIDENT / INCIDENT REPORT

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 Report and Red Card Report.

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(s) _____
7 Location Address _____
8 Specific Location (field, parking lot, gym, etc) _____

BODILY INJURY REPORT

9 Name of Injured Prson _____ Birthdate _____ Sex: • F or • M
10 Street Address _____
11 City, State, Zip _____
12 Home Phone (____) _____ Day Phone (____) _____ Email _____

13 Part of Body Injured _____ Describe Injury _____

14 Brief Summary of Incident (provide facts only):

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

16 Was First Aid administered? • YES or • NO By Whom (name and 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 Dept _____ Officer _____

18 Were Parents/Guardian/Relatives notified? • YES or • NO

By Whom _____ Notifier's Day Phone (_____) _____

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

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

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

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):

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

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 pages if necessary.

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