

# **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