SWSL INCIDENT REPORT FORM

Complete this form for any of the following: *(check type)*

☐ Injury/illness ☐ Threats ☐ Fights ☐ Property damage ☐ Calls to Police ☐ Other

*Return **completed** form to the Regional Commissioner, Safety Director, Area Director, or Tournament Director.*

AFFECTED PARTY: ☐ **Player** ☐ **Official** ☐ **Coach** ☐ **Spectator** ☐ **Volunteer** ☐ **Other**	**SWSL ID #** ***(Required)***	**Region #** ***(Required)***

Last Name	**First Name**	**MI**	**Birth date:**
			Phone:

Address:	**City:**	**State:**	**Zip:**

Does the injured person have medical insurance? ☐ **YES** ☐ **NO**	***If yes, please provide name of company and policy #:***

GUARDIAN/PARENT (*if affected party is a minor*):

Last Name	**First Name**	**Address** *(if different than above):*

Email 1:	**Cell Ph:**
Email 2:	**Cell Ph:**
Email 3:	**Cell Ph:**

INCIDENT INFO:	***Date of Incident:***	***Age Division:***	☐ ***Boys*** ☐ ***Girls*** ☐ ***Co-ed***	***Time of Incident:*** AM

Location *(if applicable-Tournament name):*

Team Involved #1:	*Coach Name:*	*Region #*
Team Involved #2:	*Coach Name:*	*Region #*

FOR INJURIES: BODY PART INJURED			**TYPE OF INJURY/ILLNESS**			**FIELD SURFACE**	**LOCATION**
☐ Ankle (L/R)	☐ Shoulder(L/R)	☐ Tooth	☐ Abrasion	☐ Dislocation	☐ Pain	☐ Dirt	☐ Before Competition/Event
☐ Knee (L/R)	☐ Wrist (L/R)	☐ Back	☐ Burn	☐ Foreign Body	☐ Seizures	☐ Grass	☐ During Competition/Event
☐ Leg	☐ Finger	☐ Neck	☐ Cardiac	☐ Fracture	☐ Sting/Bite	☐ Turf	☐ After Competition/Event
☐ Foot	☐ Eye (L/R)	☐ Internal	☐ Cold Injury	☐ Heat Exhaustion	☐ Strain	☐ Indoor	☐ Concession Area
☐ Toe	☐ Ear (L/R)	☐ No injury	☐ Concussion	☐ Laceration	☐ Sprain		☐ Parking Lot
☐ Arm	☐ Nose	☐ Other	☐ Contusion	☐ Nausea	☐ COVID-19		☐ Restrooms
☐ Hand	☐ Head						

CAUSE	**OUTCOME**		**POLICE REPORT FILED:**
☐ Collision (participant/spectator)	*No care given:*	*Referral:*	☐ **Yes** ☐ **No** ***Report No:***
☐ Struck by falling/flying object	☐ Not Needed	☐ To Doctor	***Officer's Name & Contact No:***
☐ Struck by or fell into goal	☐ Patient Refused	☐ To Hospital/Clinic	
☐ Animal/insect bite/sting			
☐ Slip/Fall	*Released:*	*EMS transport:*	
☐ Assault/Sexual	☐ To Parent	☐ Region Recommended	
☐ Assault/Non-Sexual	☐ To Personal Vehicle	☐ Patient/Parent Requested	
☐ Property Damage			

Describe how the incident, injury or property damage occurred:
(*use the backside or attach a separate sheet if necessary – may attach a copy of the Referee Game Misconduct Report*)

WITNESS INFORMATION – Confidential

Name	**Address**	**Phone Number**

Person/volunteer completing/submitting this form:

Name:	**Signature:**	**Cell:**
Position Title:	**E-mail address:**	**Date:**
RC or Safety Director (print name)**:**	**Signature:**	**Date:**

***SWSL Staff ONLY*: Email completed form to Admin@southwestsuperleague.com.**