



INCIDENT / INJURY REPORT FORM

Aloha United Soccer Club
4840 SW Western Ave.
Suite 100
Beaverton, OR 97005

Phone: 503.866.3525

Use this form to report any Incident, Injury or Property Damage that occurs during any AUSC event

If there is a serious injury, call 911 immediately.

Location: (be specific, park location, field number etc.)	
Date of incident:	Time of incident:
Outside Temperature:	General Weather Conditions (cloudy, rainy, hot, humid, etc.)

PERSONAL INJURY (check as appropriate)	Player <input type="radio"/>	Other <input type="radio"/>
Name		
Street Address		
City	State	Zip
Phone Number	Birth date	Male <input type="radio"/> Female <input type="radio"/>
Name of Parent Contacted (if under 18)		Time Parent was Contacted
Nature of injury		

INCIDENT (check as appropriate)	Property Damage <input type="radio"/>	Other <input type="radio"/>
Nature of incident: (accident with vehicle, fight, drinking, etc.)		

Describe in detail how the injury/incident occurred: (attach any supporting detail)

Please see reverse side for additional information required to complete this report.

Medical Assistance Provided: (indicate if refused)	
Name of Fire Personnel Responding:	Fire Incident #:
Hospital Transported to:	
Name of Police Personnel Responding	Police Incident #:

WITNESSES		
Name	Address	Phone

Please draw a map below of where incident occurred. Indicate Witness with a **W** and injured party with an **X**. Draw in stairs, path, and/or streets.

Additional Comments:

Report completed by (Please Print): _____ Date: _____

Coaches Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

This form must be completed and submitted to the AUSC within 72 hours of the incident.