

VWSSL INCIDENT REPORT EJECTION or INJURY

UMPIRES and CAPTAINS: Fill in the cells that pertain either to an EJECTION or INJURY. Circle info required . Injury report at bottom in **Blue**.
Section "F" to be completed by League Admin.

A. TYPE OF INCIDENT REPORT:	Y/N	EJECTION	Y/N	INJURY
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Date: M/D/Y	Circle Diamonds Location:	Tudor 1, Tudor 2, Tudor 3, Frank Robson, Sonoma Heights , Concord Regional , MCC
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C. UMPIRES INVOLVED:

Umpire(s) Name:	
Reported By:	

D. TEAMS INVOLVED:

Teams Name:	
Coach's Name:	
Teams Name:	
Coach's Name:	

E(a). INCIDENT SUMMARY OF EJECTION player #1 Provide Reason:

Inning:	TOP	BOTTOM	Y/N	Verbal Abuse:	Y/N	Physical Abuse:
Player Name #1:			Y/N	Rule Enforcement:	Y/N	Intoxicated:
			Y/N	Other		

Reason:

Suspension Requested:	YES / NO
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F(a). FOLLOW UP ACTION: To be completed by President or Vice president

	YES	NO	CC	Player:	CC	Coach of Team:
If Yes for How Long:	1 game, 2 game, LifeTime					
Action Taken By - Name:	Sam Maltese/ Tony Alati					
Reason:						

E(b). INCIDENT SUMMARY OF EJECTION player #2 Provide Reason:

Inning:	TOP	BOTTOM	Y/N	Verbal Abuse:	Y/N	Physical Abuse:
Player Name #2:			Y/N	Rule Enforcement:	Y/N	Intoxicated:
			Y/N	Other		

Reason:

Suspension Requested:	YES / NO
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F(b). FOLLOW UP ACTION: To be completed by President or Vice president

	YES	NO	CC	Player:	CC	Coach of Team:
If Yes for How Long:	1 game, 2 game, LifeTime					
Action Taken By - Name:	Sam Maltese/ Tony Alati					
Reason:						

D. INFORMATION on INJURED PERSON:

Inning:	Male	Female	Y/N	Eyeglasses	Y/N	Return to game:
Player Name:			Y/N	Contacts	Y/N	Left immediately
Position play at time of Injury:			Y/N	Braces/Supports	Y/N	Taken to hospital:

D. FIELD CONDITIONS: indicate location of Injury

Infield:		
Outfield:		
Bases:		
Time:	00:00 - PM	
Give full description of the event of injury:		