

VWSSL INCIDENT REPORT EJECTION or INJURY

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

Section "F"

A. TYPE OF INCIDENT REPORT:

	Y/N	EJECTION	Y/N	INJURY
--	-----	----------	-----	--------

Date: M/D/Y _____ Diamonds Location: _____

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

F(a). FOLLOW UP ACTION: To be completed by President or Vice president

Suspension Given:	YES	NO	CC	Player:	CC	Coach of Team:	
If Yes for How Long:	1 game, 2 game, Lifetime						
Action Taken By - Name:	Sam Maltese/ Jorge Vargas						
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

F(b). FOLLOW UP ACTION: To be completed by President or Vice president

Suspension Given:	YES	NO	CC	Player:	CC	Coach of Team:	
If Yes for How Long:	1 game, 2 game, Lifetime						
Action Taken By - Name:	Sam Maltese/ Jorge Vargas						
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:

Infield: _____
Outfield: _____
Bases: _____
Time: 00:00 - PM

Give full description of the event of injury: _____

