



# INCIDENT REPORT FORM (For Ejections and Injuries)

Please fill this form out electronically and submit to the Competition Administrator by 3 pm the business day following the game (glen@baseballqueensland.com.au).

## 1 REPORTING PERSON

REPORTING PERSON: \_\_\_\_\_

REPORTING PERSON PHONE: \_\_\_\_\_

## 2 GAME DETAILS

DATE OF GAME: \_\_\_\_\_

VENUE: \_\_\_\_\_

AGE/DIVISION: \_\_\_\_\_

HOME TEAM: \_\_\_\_\_

AWAY TEAM: \_\_\_\_\_

Game situation at the time of the incident (if applicable)

INNING: \_\_\_\_\_ OUTS: \_\_\_\_\_ COUNT: \_\_\_\_\_ SCORE: \_\_\_\_\_

POSITION OF RUNNERS (if any): \_\_\_\_\_

## 3 EJECTION REPORT (if not an umpire, skip to Section 4)

NAME OF EJECTED PERSON: \_\_\_\_\_

PLAYING FOR: \_\_\_\_\_

WARNING GIVEN?  YES  NO

EJECTING UMPIRE: \_\_\_\_\_

UMPIRING POSITION: \_\_\_\_\_

REASON FOR EJECTION: \_\_\_\_\_

EJECTED PERSON'S POSITION (tick as appropriate)

COACH  PITCHER  FIELDER  BATTER  RUNNER  BENCH  OTHER

## 4 DETAILS OF INCIDENT ( Ejection or Injury )

On page two (and additional pages if necessary), describe:

- The incident; Your actions;
- After effects including any harm done or damage caused;
- Any perceived provocation; Any remorse or lack of remorse; and Anything else you deem relevant.



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The above statement and details are to the best of my knowledge, true and correct.

Signed (electronic sufficient): \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Date Lodged: \_\_\_\_\_ Time Lodged: \_\_\_\_\_

Received and actioned by: \_\_\_\_\_