

FUA EJECTION/INCIDENT REPORT FORM

DATE OF INCIDENT: ____/____/____ TIME OF INCIDENT: ____:____ AM/PM

TEAMS INVOLVED: _____/_____

FIELD/GYM LOCATION: _____

CHECK TYPE OF PERSON(S) INVOLVED:

____ PLAYER, ____ COACH, ____ SPECTATOR, ____ OTHER

NAME, SCHOOL, & UNIFORM NUMBER OF PERSON(S) INVOLVED:

(1) _____ SCHOOL: _____ # _____

(2) _____ SCHOOL: _____ # _____

(3) _____ SCHOOL: _____ # _____

WHAT HAPPENED AND WHY?

COULD THIS INCIDENT/EJECTION HAVE BEEN PREVENTED? YES ____ NO ____

IF YES, EXPLAIN:

WERE POLICE CALLED? YES ____ NO ____

BY WHOM? _____

IF YES, WHICH PRECINCT/COUNTY? _____

NAME(S) OF OFFICERS: _____

WITNESSES NAMES & PHONE NUMBERS: _____

HEAD OFFICIALS'S NAME: _____

OTHER OFFICIAL(S): _____

DATE AND TIME REPORTED TO COMMISSIONER: ____/____/____

____:____AM/PM

ALL EJECTIONS MUST BE REPORTED TO THE COMMISSIONER WITHIN TWO (2) HOURS AFTER THE GAME

PAUL SANDERS

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