



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: _____