



OABO Game Incident/Ejection Report

****NOTE**** - To save this document when done, click on SAVE AS and give it a new name

Date of Game: _____

Gym Location: _____

City: _____

Scheduled Game Time: _____

Level or League: _____

Gender: _____

Teams Playing: _____ **and** _____
Name of Team Name of Team

Players Involved:

Name	Number	Team

Others Involved: _____
Name, Position (Coach Asst Coach, Manager) or Other

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Injured Player: _____

Name, Male/Female, Address, E-mail, Phone number

Witnesses: _____
Name, Address, E-mail, Phone number

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Name, Address, E-mail, Phone number

(Check if Yes) **First Aid Applied?:** **Ambulance Called?** **Police Called?**

(Check One) **When in the game did incident occur?:** Before During After

If during the game, time of incident _____

Details of events leading up to the incident:

Details and Explanation of Incident: (Do not elaborate, simply state the facts, attach extra page if required)

Submitted by Game

Official : _____
Print Name Signature Date Submitted

Partner: _____
Print Name Signature Date Submitted

Submitted by Game or Tournament Management Committee:

Print Name Position Signature Date Submitted

Incident Reports: In the event of unsportsmanlike behaviour by fans, teachers, or non-participating coaches, an ejection of a player or participating coach, uniform non-compliance, or equipment problems at a facility, the officials will note the incident. Officials will complete an incident report and fax or email to your Local Board President and the OABO Secretary within 24 hrs of the completion of the assignment.