**DUBUQUE INDEPENDENT LEAGUE BASEBALL**

**INCIDENT REPORT FORM**

**SECTION 1**

)

(

YES / NO

)

(

)

(

YES / NO

)

(

**Innings:**

**Outs:**

**Count:**

**NAME OF PERSON MAKING REPORT**

**DID AN EJECTION OCCUR?**

if yes complete section 2

**DATE OF INCIDENT**

**DID AN INJURY OCCUR ?**

if yes complete section 3

**HOME TEAM**

**VISITING TEAM**

 ) Other

(

(

 ) Coach

 ) Player

(

 ) Manager

(

**POSITION OF PERSON MAKING REPORT**

 ) Umpire

(

(

 ) Board Member

(

 ) Parent

**TIME OF INCIDENT**

|  |
| --- |
| **SECTION 2****Name of person ejected:** |
| **Ejected person's position:** ( ) Manager ( ) Coach ( ) Player ( ) Other  |
| Describe the incident that occurred and your subsequent actions. Include pertinent details concerning language, gestures, thrown equipment, or physical contact. Include any after effects. (Use back of form if needed) |

**SECTION 3**

Describe how the injury occurred. (Use back of form if needed)

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Umpires turn in form with Scoresheet for Game - Coaches, Players, & Others turn in form within 7 days of incident