

O.D.O.A. 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 SO, HOW? _____

WERE POLICE CALLED? _____ 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 (Bruce Frye)
WITHIN TWO (2) HOURS AFTER THE GAME**

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