

FUA Ejection and Incident Report Form

Plate Official: _____ **Base Official:** _____

Date of Incident: _____ **Time of Incident:** _____

Teams Involved: _____ v. _____

Field Location: _____

Circle Person(s) Involved: Player – Coach – Spectator – Other: _____

Name, School and Uniform # of Person(s) Involved:

(1) _____ **School:** _____ **#** _____

(2) _____ **School:** _____ **#** _____

(3) _____ **School:** _____ **#** _____

What Happened and Why: _____

Could this have been prevented: Yes No If yes, explain: _____

Was Law Enforcement called?: Yes No By Whom: _____

Which precinct or county?: _____

Was a police report filed?: Yes No

Date and Time reported to Commissioner: _____

All ejections MUST be reported within 2 hours of incident:

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