

INCIDENT REPORT EJECTION/INJURY

UMPIRES: Fill in the Cells that pertain either to an EJECTION (yellow and green cells) OR INJURY yellow or blue. SEND report within 24hours of incident to Regional or HEAD NSA office.

A. TYPE OF INCIDENT REPORT:				Y/N	EJECTION	Y/N	INJURY
B. LEAGUE OR TOURNAMENT PLAY:				Y/N	LEAGUE	Y/N	TOURNAMENT
Lg/Tny Name	Xx						
Date: M/D/Y			Diamonds Location:	Xx			
C. UMPIRES INVOLVED:							
Umpire Name	Xx		Tel	403-	Cell	403-	
Umpire Name	Xx		Tel	403-	Cell	403-	
Reported By:	Xx						
D. TEAMS INVOLVED:							
Teams Name	Xx						
Coach's Name	Xx		Tel	403-	Cell	403-	
Teams Name	Xx						
Coach's Name	Xx		Tel	403-	Cell	403-	
E. INCIDENT SUMMARY OF EJECTION/Provide Reason:							
				SEND REPORT within 24 hours of Incident.			
Inning:	Xx	TOP	BOTTOM	Y/N	Verbal Abuse:	Y/N	Physical Abuse:
Player Name:	Xx			Y/N	Rule Enforcement:	Y/N	Intoxicated:
Player Name:	Xx						
Reason:							
Suspension Requested:	Y/N	BY	Y/N	1. League President:	Y/N	3. UMP/UIC Regional:	
If Yes for How Long:	3gm 1yr 2yr 3yr LTime		Y/N	2. Tournament Co:	Y/N	4. Director UIC/NSA:	
F. FOLLOW UP ACTION:							
Suspension Given:	YES	NO	CC	5. Player's):	CC	7. League President:	
If Yes for How Long:	3gm 1yr 2yr 3yr LTime		CC	6. Coach of Team:	CC	8. NSA OFFICE:	
Action Taken By - Name:	Xx				Title	Xx	
Reason:							
D. INFORMATION on INJURED PERSON:							
				SEND REPORT within 24 hours of Injury.			
Inning:	#0	Male	Female	Y/N	Eyeglasses	Y/N	Return to game:
Player Name:	Xx			Y/N	Contacts	Y/N	Left immediately
Position play at time of Injury:	Xx		Y/N	Braces/Supports	Y/N	Taken to hospital:	
D. FIELD CONDITIONS:							
				Move Red X to indicate location of Injury			
Infield:	Xx						
Outfield:	Xx						
Bases:	Xx						
Time:	00:00 - AM/PM						
Give full description of the event of injury:							
D. NSA CANADA HEAD OFFICE USE:							
Received:	M/D/Y	info@nsacanada.ca	Tel	403- 250-9655	FAX	403-769-9055	
Xx:				Y/N	1. Regional Director:	DATE	M/D/Y
Suspension Letter filed in Team File:	Y/N		CC	1. Name:			
Report Copied to 1 and or 2:	Y/N		Y/N	2. Other:	DATE	M/D/Y	
Claim Form Sent:	Y/N		CC	2. Name:			
If No Reason:							