

C.V.V.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 (B e F e)
WITHIN TWO (2) HOURS AFTER THE GAME

H Phone/Fax: (804) 737-3793 W Phone: (804) 262-6900x115 Cell: (804) 4393793