



## REPORT OF SERIOUS INCIDENT (LEAGUE PLAY)

This form **MUST** be used **BY THE REGIONAL COMMISSIONER** to report whenever the following occurs:

1. *Fighting occurs between players*
2. *Fighting occurs between adult coaches, parents, or spectators*
3. *Fighting occurs between a coach(s) and a player(s), parent(s) and a player(s), spectator(s) and a player(s)*
4. *Any member of the referee team is verbally threatened or physically attacked*
5. *Law enforcement is called to preserve or restore order.*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ STATE: \_\_\_\_\_  
SECTION: \_\_\_\_\_ AREA: \_\_\_\_\_ REGION NO.: \_\_\_\_\_  
REGION NAME: \_\_\_\_\_

**TEAMS INVOLVED IN INCIDENT:** Boys: \_\_\_\_\_ or Girls: \_\_\_\_\_

1. DIV.: \_\_\_\_\_  
TEAM NAME: \_\_\_\_\_  
COACH'S NAME: \_\_\_\_\_

2. DIV.: \_\_\_\_\_  
TEAM NAME: \_\_\_\_\_  
COACH'S NAME: \_\_\_\_\_

**DESCRIPTION OF INCIDENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESS #1: \_\_\_\_\_ WITNESS #2: \_\_\_\_\_  
(Use back side for additional witnesses **and/or contact information**)

POLICE REPORT TAKEN? YES \_\_\_ NO \_\_\_ If "YES" REPORT #: \_\_\_\_\_

OFFICER TAKING REPORT: \_\_\_\_\_ BADGE #: \_\_\_\_\_

**REPORTING REQUIREMENTS:** *Must immediately contact in person, your Section Director, Area Director, and send copy of report to the National **Support & Training Center**.*

**REGIONAL COMMISSIONER**  
SIGNATURE: \_\_\_\_\_

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