

# AAD / USSSA INCIDENT REPORT

Date of Incident	_____	Time of Incident	_____
Reporting Umpire	_____	Partner	_____
Game Start time	_____		
Location (Complex and Field)	_____		
Home Team	_____	Visiting Team	_____
Plate Umpire	_____	Base Umpire	_____
Name and/or Description of Person (refer to line up card)	_____		

Choose the aspect that best describes the cause of the incident

<input type="checkbox"/> Argueing Judgement Call	<input type="checkbox"/> Ball/Strike	
	<input type="checkbox"/> Safe/Out	
	<input type="checkbox"/> Fair/Foul	
	<input type="checkbox"/> Interference / Obstruction	
	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Unsportmanlike Conduct	<input type="checkbox"/> Fighting	
	<input type="checkbox"/> Malicious Slide or Contact	
	<input type="checkbox"/> Thrown at / Hit Batter	
	<input type="checkbox"/> Thrown Bat	
	<input type="checkbox"/> Other _____	
Was the Person Ejected or Warned?	<input type="checkbox"/> Ejected	<input type="checkbox"/> Warned
Did an Injury Occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details Leading Up To Ejection and Your Subsequent Actions

Was the person warned?  Yes  No

If yes When? \_\_\_\_\_

Details After the Ejection and Did the Ejection Delay the Game

Was the game cancelled, suspended or forfeited?  Yes  No

Details, at the time of the cancellation, suspension or forfeiture (Inning, score, count, batter, time left, etc.)

**Be sure to scan both line up cards and include in the submission of the report.**