

MILL CREEK LITTLE LEAGUE

MCLL INCIDENT / EJECTION REPORT

DATE OF GAME: _____ VISITING TEAM: _____

HOME TEAM: _____

EJECTED PERSONS POSITION: ___ MANAGER ___ COACH ___ PLAYER

LOCATION OF INCIDENT: ___ ON FIELD ___ IN DUGOUT ___ NO EJECTION

REPORTING UMPIRES POSITION: _____

GAME SITUATION THAT PREVAILED AT THE TIME OF INCIDENT:

Inning _____ Outs _____ Count _____ V- Score _____ H-Score _____

DESCRIBE THE INCIDENT THAT OCCURRED AND YOUR SUBSEQUENT ACTIONS:
(Include pertinent details concerning language, gestures, thrown equipment, or physical contact)

DESCRIBE ANY AFTER EFFECTS THAT FOLLOWED:
(Refusal to leave, unruly fans or bench, confrontations)

TIME/DATE THIS INCIDENT WAS FIRST REPORTED TO THE LEAGUE: _____ FAX ___ PHONE ___ IN PERSON ___ WRITTEN ___

DATE THIS REPORT WAS SENT: _____

SIGNED: _____ DATE: _____

WITNESSED BY: _____ POSITION: _____

ACTION TAKEN BY LEAGUE:
