

Section E - WITNESSES List 2 if possible. Witness statements attached? Yes No

1. Name _____ Spectator OR Title _____
 Address _____ City/Prov _____ Postal Code _____
 Phone, Hm (____) _____ Bus (____) _____

2. Name _____ Spectator OR Title _____
 Address _____ City/Prov _____ Postal Code _____
 Phone, Hm (____) _____ Bus (____) _____

Section F - LEAGUE or CONVENER

League President or Tournament Convener - Name _____
 Address _____ City _____ Phone (____) _____

Section G - UMPIRE(S) INVOLVED

PLATE _____ BASE _____
 Address _____ Address _____
 Home Phone _____ Bus Phone _____ Home Phone _____ Bus Phone _____

Section H - TEAMS INVOLVED

Full Name of Team of Injured Person _____
 From (City) _____ Coach's Name _____ Phone _____

Full Name of Other Team _____
 From (City) _____ Coach's Name _____ Phone _____

Section I - SEND REPORT within 24 hours of time of incident

If an INJURY is involved, send this report to the NATIONAL OFFICE. If an INCIDENT occurs which may require a suspension, send this report to your Regional Director, OR Provincial Coordinator, OR Regional Umpire-In-Chief.

This INJURY INCIDENT Report was completed by _____
 Address _____ City/Prov _____ PLEASE PRINT NAME CLEARLY Postal Code _____
 Ph Home _____ Bus _____ Fax _____
 Title _____ Signature _____

And sent to SPN National Office SPN Director SPN Prov Coordinator SPN Regional Umpire-In-Chief
 Date _____ Name _____

SUSPENSION REQUESTED? YES NO By League President Tourn. Conv. League/Tourn/Reg Umpire-In-Chief
 If yes, for how long _____ On what person(s) _____
 Reason _____
 _____ Signature _____

Section J-FOLLOW UP ACTION

By SPN Director SPN Prov. Coordinator SPN Umpire-In-Chief Date Rec'd _____
 Name _____ District/Region _____

Suspension given? YES NO By Director Prov. Coordinator
 If Yes, how long? _____ Action taken _____

Note: If a suspension is given, letters and copies MUST be sent to: Player(s) suspended - LETTER
 Coach of team involved - LETTER
 President of League involved - COPY
 SPN Office - Copy