



Ontario Soccer

Special Incident Report

Date of Game:	(dd-mm-yyyy)	Game Number:	
Home Team & Colour:			
Away Team & Colour:			
League/Competition:		Division/Age Group:	
Kickoff Time:		Field/City:	

Incident Details					
Indicate when the incident occurred:	Before the game			During the second half	
	During the first half			After the game	
	At half-time			Score at time of incident (Home-Away)	
Was incident weather related	YES	NO	Location in facility where incident occurred		
Was the incident field condition related?	YES	NO	If field condition related, please specify what the issue was.		
Was the match abandoned?	YES	NO	Did the incident involve spectators/outside interference?	YES	NO
If yes, what minute in the game?					

If name of parties involved are known, indicate who they were and position (team official, player, spectator, etc.)			
Name	Position	Team	OS #

Provide a **DETAILED** description of the event. You must complete a **SEPARATE** descriptive report for **EACH** incident and attach each of them to the Special Incident Report. Include if applicable: players involved, location on the field, comments that were exchanged, the manner in which the parties involved acted, the tone of voice, the weather, the direction you were facing, proximity to incident, if anyone entered the field of play, etc.

	Name	Age <18	OS #
Referee			
Assistant #1			
Assistant #2			
4th Official			

Reporting Official's Name:	
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