



ONTARIO LACROSSE ASSOCIATION REFEREE SPECIAL INCIDENT REPORT

PENALTY ASSESSED TO # _____ of _____
(Player) (Team)

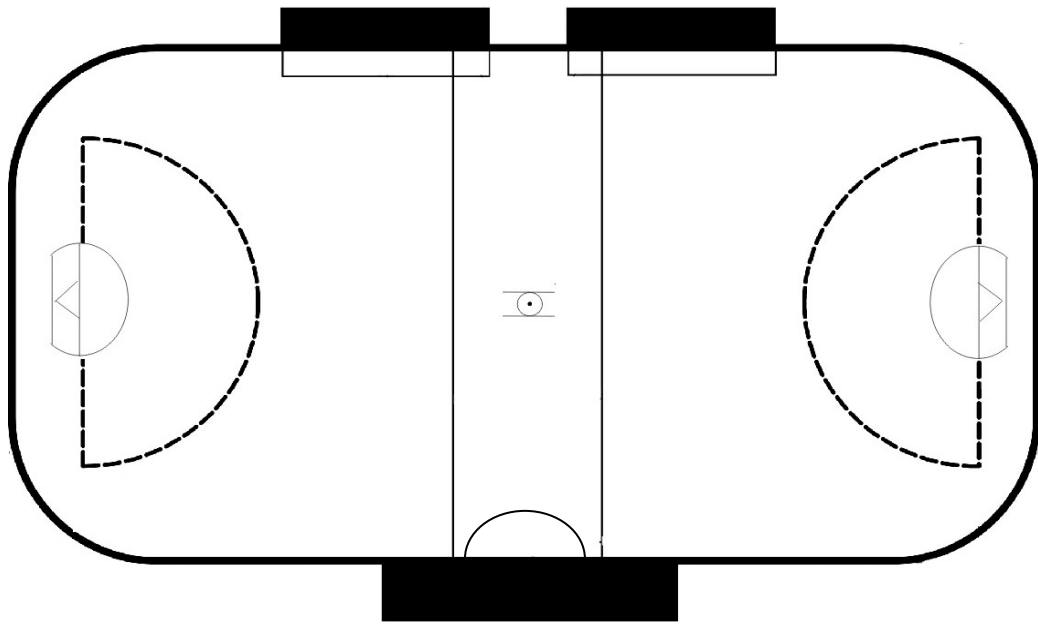
BY _____ _____
(referee's name) (senior referee?) (other referee)

Division _____ Date of Game _____
(MM / DD / YYYY)

_____ (visiting team) _____ (home team)

Time of Incident _____ in the _____ period Score (at the time of incident) Visitor _____ Home _____

Describe in detail the events, leading up to and including the incident (use the diagram)



R1	(name)
R2	(name)

Home Team

H #	(name)
H #	(name)
H #	(name)
H #	(name)

Visiting Team

V #	(name)
V #	(name)
V #	(name)
V #	(name)

Penalty assessed _____ Rule # _____

Verbal report made to _____ Date _____

Signed _____ Date _____

Copies to: 1. Referee-in-Chief / OLA 2. Zone Director / RIC 3 Personal copy