



BC SOCCER SPECIAL INCIDENT REPORT

Basic Information			
Date of Game		Game Number	
Home Team			
Away Team			
League/Competition		Division/Age Group	
Kick-Off Time		Field/City	
Incident Details			
When did the Incident occur?		Was the Incident weather related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location on field or in facility where the Incident occurred.		Was Incident related to field condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If field condition related, please indicate the issue			
Was the match abandoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If match was abandoned, what minute in the game?	
Did the issue involve spectators/outside interference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the Incident involve the following (Select all that may apply)	<input type="checkbox"/> Intimidating and/or threatening behavior <input type="checkbox"/> Misconduct involving racist or sexist comments		
Known Individuals			
If name of parties involved are known, indicate who they were and position (team official, player, spectator, etc.)			
Name	Position/Role	Team	Reg #
Report			
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.			



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	Name	Registration #
Referee		
Assistant Referee 1		
Assistant Referee 2		
4 TH Official		

Reporting Official Name	
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