

OFFICIAL’S INCIDENT REPORT TO ATLANTIC DISTRICT

This report **MUST BE FAXED AND PHONED IN WITHIN 48 HOURS** of the completion of the game to the appropriate person. This form **MUST** be completed for all **MATCH PENALTIES**. The form should also be used for multiple Game Misconduct penalties, for Game Misconduct penalties that are part of a larger incident and for incidents involving spectators, especially **spectator ejections**. Please also report **serious injuries** (ex. player removed via stretcher, etc.).

Please **CIRCLE** the appropriate League:

Atlantic Youth Hockey League

Atlantic Sled Hockey League

JOAN MARICONDA

973-823-8147 (H)

973-823-8215 (F)

Delaware Valley Hockey League

GUMP WHITESIDE

215-233-0247 (H)

215-247-9466 (F)

New Jersey Youth Hockey League

ROBERT SULLO

732-495-3584 (H)

732-495-2097 (F)

MidAtlantic Women’s Hockey Association

TBA

Other Leagues (HS, House, etc), Spectator Incidents, Injuries and

ALL Incidents involving Match Penalties

TONY MARICONDA

973-823-8116 (H)

973-823-8215 (F)

DATE _____ GAME # _____ TEAMS(V) _____
(NL= non-league)

(H) _____

CIRCLE: Mite - Squirt – Pee wee – Bantam – Midget – Girls - Women – Adult - Sled Hockey - HS

CIRCLE: House League - B - A – AA – AAA – 19U – 18U - 16U – 14U – 12U – 10U – 8U – Varsity

RINK _____ Time & Period of Incident _____

FINAL SCORE: V= _____ H= _____

PLEASE PRINT name and phone number where you can be reached within next 48 hours:

REFEREE _____

REF/LINESMAN _____

Phone number _____

Phone number _____

LINESMAN _____

[FILL IN BOTH SIDES OF REPORT]

Phone number _____

PRINT REASON FOR REPORT _____

HOW TO FILL OUT AN INCIDENT REPORT

1. Report must be FAXED AND PHONED IN WITHIN 48 HOURS of the completion of the game to the appropriate person. We would PREFER that you notify us WITHIN 24 HOURS.
2. The form must be completed for all MATCH PENALTIES. Individual Game Misconduct penalties or Fighting Majors + Game Misconducts for two individuals at the same incident do not have to be reported. If there are multiple (more than 2/incident) Game Misconduct penalties or if Game Misconducts are part of a larger incident, then Game Misconducts must also be reported on this form.
3. Also use this form to report incidents with spectators and for **spectator ejections**. Please also use this form to report **serious injuries** (player removed via stretcher, etc.).
4. Officials must **CIRCLE** the appropriate League on the form. Also **CIRCLE** the Level of play.
5. PLEASE PRINT IN CAPITAL LETTERS all of the information. This may sound silly, but these reports get sent and resent via Fax, etc. and any other form of writing becomes very difficult to read!
6. On the back side of the form, please PRINT CLEARLY the penalties (including Rule number) assessed to each team along with the player's NAME and number, or NAME of Coach/Spectator.
7. In the "Summary of Incident" area, please PRINT CLEARLY a brief summary of the incident in very specific and factual language. We need "just the facts," not a history of all the problems that ever have occurred with this player, team, rink, etc!
8. Finish your summary with the phrase: "This is the end of my report."
SIGN your name and indicate where you can be reached within the next 48 hours.
9. If these penalties occur in a HIGH SCHOOL game where the teams are USA Hockey-registered, this Report must also be completed and sent to Tony Mariconda, District RIC, for distribution.
10. Match Penalties and Gross Misconducts that occur in a JUNIOR game need to be forwarded to the Proper Authorities within that Junior League.