



NOVA SCOTIA LACROSSE OFFICIAL ASSOCIATION SPECIAL INCIDENT REPORT

PENALTY ASSESSED TO:

_____ OF _____
(PLAYER) (TEAM)

LEVEL _____ Date of Game _____
(DAY/MONTH/YEAR)

_____ VS _____
(VISITING TEAM) (HOME TEAM)

OFFICIAL _____ OFFICIAL _____

TIME OF INCIDENT _____ : _____ IN THE _____ PERIOD

SCORE AT TIME OF INCIDENT: VISITING TEAM _____ HOME TEAM _____

WAS THERE AN INJURY ON THE PLAY? YES ☐ NO ☐

Describe in detail the events leading up to and including the incident.

PENALTY ASSESSED _____ / _____ / _____
(PENALTY) (RULE #) (TYPE)

PENALTY ASSESSED _____ / _____ / _____
(PENALTY) (RULE #) (TYPE)

PENALTY ASSESSED _____ / _____ / _____
(PENALTY) (RULE #) (TYPE)

SIGNED _____ DATE _____
(OFFICIAL'S NAME) (DAY/MONTH/YEAR)

Save report with the date of the incident as: OfficialsReport [OfficialsName] [DD-MM-YYYY]

Send copies to:

1. NSLOA office
2. League Official-in-Chief
3. League Suspension Coordinator
4. Personal copy

nslacrosseofficials@gmail.com

See List on Page 2 of OIC per League

See List on Page 2 of Suspension Coordinator per League

[your@emailaddress.***](#)

EMAIL ADDRESSES FOR REFERENCE

LEAGUE	ROLE	NAME	EMAIL
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SENIOR	Suspension Coord		