



# NCAA Women's Volleyball Challenge Review System - Data Collection Form



<b>Match Date:</b> _____		<b>Host School:</b> _____		<b>R1:</b> _____		<b>R2:</b> _____	
<b>Review Official (if used):</b> _____		<b>Conference and Division (I, II, III):</b> _____		<b>Number of cameras used in this match:</b> _____			
				<b>CRS System Used (DVSport, etc.):</b> _____			
<b>HOME TEAM:</b> _____				<b>VISITING TEAM:</b> _____			
<b>Challenge #1</b>							
<b>Set Number:</b> 1 2 3 4 5		<b>Challenge/Original Fault Decision (OD)</b>					
<b>Score at the time of the challenge</b>		<input type="checkbox"/> <b>Ball ruled in or out</b>					
<b>Home:</b> _____ <b>Visitor:</b> _____		<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out					
		<input type="radio"/> OD - Successful pancake					
		<input type="radio"/> OD - Unsuccessful pancake					
<b>Challenge Outcome</b>		<input type="checkbox"/> <b>Ball contacting a player</b>					
<input type="checkbox"/> Original outcome confirmed		<input type="radio"/> IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<input type="checkbox"/> Original outcome reversed		<input type="radio"/> 2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<input type="checkbox"/> Original outcome stands		<input type="checkbox"/> <b>Net fault by player</b>					
<input type="checkbox"/> Mechanical or video failure		<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault					
<b>Length of challenge:</b> _____		<input type="checkbox"/> <b>Attack line fault</b>					
<input type="checkbox"/> <b>Service foot fault</b>		<input type="radio"/> OD - Back-row attack					
<input type="radio"/> OD - Foot fault		<input type="radio"/> OD - Not a back-row attack					
<input type="radio"/> OD - No foot fault		<input type="radio"/> OD - Libero in the front zone					
		<input type="radio"/> OD - Libero not in the front zone					
<b>Challenge #2</b>							
<b>Set Number:</b> 1 2 3 4 5		<b>Challenge/Original Fault Decision (OD)</b>					
<b>Score at the time of the challenge</b>		<input type="checkbox"/> <b>Ball ruled in or out</b>					
<b>Home:</b> _____ <b>Visitor:</b> _____		<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out					
		<input type="radio"/> OD - Successful pancake					
		<input type="radio"/> OD - Unsuccessful pancake					
<b>Challenge Outcome</b>		<input type="checkbox"/> <b>Ball contacting a player</b>					
<input type="checkbox"/> Original outcome confirmed		<input type="radio"/> IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<input type="checkbox"/> Original outcome reversed		<input type="radio"/> 2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<input type="checkbox"/> Original outcome stands		<input type="checkbox"/> <b>Net fault by player</b>					
<input type="checkbox"/> Mechanical or video failure		<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault					
<b>Length of challenge:</b> _____		<input type="checkbox"/> <b>Attack line fault</b>					
<input type="checkbox"/> <b>Service foot fault</b>		<input type="radio"/> OD - Back-row attack					
<input type="radio"/> OD - Foot fault		<input type="radio"/> OD - Not a back-row attack					
<input type="radio"/> OD - No foot fault		<input type="radio"/> OD - Libero in the front zone					
		<input type="radio"/> OD - Libero not in the front zone					
<b>Challenge #3</b>							
<b>Set Number:</b> 1 2 3 4 5		<b>Challenge/Original Fault Decision (OD)</b>					
<b>Score at the time of the challenge</b>		<input type="checkbox"/> <b>Ball ruled in or out</b>					
<b>Home:</b> _____ <b>Visitor:</b> _____		<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out					
		<input type="radio"/> OD - Successful pancake					
		<input type="radio"/> OD - Unsuccessful pancake					
<b>Challenge Outcome</b>		<input type="checkbox"/> <b>Ball contacting a player</b>					
<input type="checkbox"/> Original outcome confirmed		<input type="radio"/> IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<input type="checkbox"/> Original outcome reversed		<input type="radio"/> 2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch					
<input type="checkbox"/> Original outcome stands		<input type="checkbox"/> <b>Net fault by player</b>					
<input type="checkbox"/> Mechanical or video failure		<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault					
<b>Length of challenge:</b> _____		<input type="checkbox"/> <b>Attack line fault</b>					
<input type="checkbox"/> <b>Service foot fault</b>		<input type="radio"/> OD - Back-row attack					
<input type="radio"/> OD - Foot fault		<input type="radio"/> OD - Not a back-row attack					
<input type="radio"/> OD - No foot fault		<input type="radio"/> OD - Libero in the front zone					
		<input type="radio"/> OD - Libero not in the front zone					

NCAA Women's Volleyball  
Challenge Review System - Data Collection Form

Date: \_\_\_\_\_

<b>HOME TEAM:</b> _____	
<b>Challenge #4</b>	
<b>Set Number:</b> 1 2 3 4 5	<b>Challenge/Original Fault Decision (OD)</b>
<b>Score at the time of the challenge</b>	<input type="checkbox"/> <b>Ball ruled in or out</b>
<b>Home:</b> _____ <b>Visitor:</b> _____	<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out
	<input type="radio"/> OD - Successful pancake
	<input type="radio"/> OD - Unsuccessful pancake
<b>Challenge Outcome</b>	<input type="checkbox"/> <b>Ball contacting a player</b>
<input type="checkbox"/> Original outcome confirmed	IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO	BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome reversed	2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome stands	<input type="checkbox"/> <b>Net fault by player</b>
<input type="checkbox"/> Mechanical or video failure	<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault
<b>Length of challenge:</b> _____	<input type="checkbox"/> <b>Attack line fault</b>
<input type="checkbox"/> <b>Service foot fault</b>	<input type="radio"/> OD - Back-row attack
<input type="radio"/> OD - Foot fault	<input type="radio"/> OD - Not a back-row attack
<input type="radio"/> OD - No foot fault	<input type="radio"/> OD - Libero in the front zone
	<input type="radio"/> OD - Libero not in the front zone

<b>Visiting TEAM:</b> _____	
<b>Challenge #4</b>	
<b>Set Number:</b> 1 2 3 4 5	<b>Challenge/Original Fault Decision (OD)</b>
<b>Score at the time of the challenge</b>	<input type="checkbox"/> <b>Ball ruled in or out</b>
<b>Home:</b> _____ <b>Visitor:</b> _____	<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out
	<input type="radio"/> OD - Successful pancake
	<input type="radio"/> OD - Unsuccessful pancake
<b>Challenge Outcome</b>	<input type="checkbox"/> <b>Ball contacting a player</b>
<input type="checkbox"/> Original outcome confirmed	IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO	BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome reversed	2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome stands	<input type="checkbox"/> <b>Net fault by player</b>
<input type="checkbox"/> Mechanical or video failure	<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault
<b>Length of challenge:</b> _____	<input type="checkbox"/> <b>Attack line fault</b>
<input type="checkbox"/> <b>Service foot fault</b>	<input type="radio"/> OD - Back-row attack
<input type="radio"/> OD - Foot fault	<input type="radio"/> OD - Not a back-row attack
<input type="radio"/> OD - No foot fault	<input type="radio"/> OD - Libero in the front zone
	<input type="radio"/> OD - Libero not in the front zone

<b>Challenge #5</b>	
<b>Set Number:</b> 1 2 3 4 5	<b>Challenge/Original Fault Decision (OD)</b>
<b>Score at the time of the challenge</b>	<input type="checkbox"/> <b>Ball ruled in or out</b>
<b>Home:</b> _____ <b>Visitor:</b> _____	<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out
	<input type="radio"/> OD - Successful pancake
	<input type="radio"/> OD - Unsuccessful pancake
<b>Challenge Outcome</b>	<input type="checkbox"/> <b>Ball contacting a player</b>
<input type="checkbox"/> Original outcome confirmed	IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO	BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome reversed	2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome stands	<input type="checkbox"/> <b>Net fault by player</b>
<input type="checkbox"/> Mechanical or video failure	<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault
<b>Length of challenge:</b> _____	<input type="checkbox"/> <b>Attack line fault</b>
<input type="checkbox"/> <b>Service foot fault</b>	<input type="radio"/> OD - Back-row attack
<input type="radio"/> OD - Foot fault	<input type="radio"/> OD - Not a back-row attack
<input type="radio"/> OD - No foot fault	<input type="radio"/> OD - Libero in the front zone
	<input type="radio"/> OD - Libero not in the front zone

<b>Challenge #5</b>	
<b>Set Number:</b> 1 2 3 4 5	<b>Challenge/Original Fault Decision (OD)</b>
<b>Score at the time of the challenge</b>	<input type="checkbox"/> <b>Ball ruled in or out</b>
<b>Home:</b> _____ <b>Visitor:</b> _____	<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out
	<input type="radio"/> OD - Successful pancake
	<input type="radio"/> OD - Unsuccessful pancake
<b>Challenge Outcome</b>	<input type="checkbox"/> <b>Ball contacting a player</b>
<input type="checkbox"/> Original outcome confirmed	IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO	BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome reversed	2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome stands	<input type="checkbox"/> <b>Net fault by player</b>
<input type="checkbox"/> Mechanical or video failure	<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault
<b>Length of challenge:</b> _____	<input type="checkbox"/> <b>Attack line fault</b>
<input type="checkbox"/> <b>Service foot fault</b>	<input type="radio"/> OD - Back-row attack
<input type="radio"/> OD - Foot fault	<input type="radio"/> OD - Not a back-row attack
<input type="radio"/> OD - No foot fault	<input type="radio"/> OD - Libero in the front zone
	<input type="radio"/> OD - Libero not in the front zone

<b>Challenge #6</b>	
<b>Set Number:</b> 1 2 3 4 5	<b>Challenge/Original Fault Decision (OD)</b>
<b>Score at the time of the challenge</b>	<input type="checkbox"/> <b>Ball ruled in or out</b>
<b>Home:</b> _____ <b>Visitor:</b> _____	<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out
	<input type="radio"/> OD - Successful pancake
	<input type="radio"/> OD - Unsuccessful pancake
<b>Challenge Outcome</b>	<input type="checkbox"/> <b>Ball contacting a player</b>
<input type="checkbox"/> Original outcome confirmed	IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO	BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome reversed	2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome stands	<input type="checkbox"/> <b>Net fault by player</b>
<input type="checkbox"/> Mechanical or video failure	<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault
<b>Length of challenge:</b> _____	<input type="checkbox"/> <b>Attack line fault</b>
<input type="checkbox"/> <b>Service foot fault</b>	<input type="radio"/> OD - Back-row attack
<input type="radio"/> OD - Foot fault	<input type="radio"/> OD - Not a back-row attack
<input type="radio"/> OD - No foot fault	<input type="radio"/> OD - Libero in the front zone
	<input type="radio"/> OD - Libero not in the front zone

<b>Challenge #6</b>	
<b>Set Number:</b> 1 2 3 4 5	<b>Challenge/Original Fault Decision (OD)</b>
<b>Score at the time of the challenge</b>	<input type="checkbox"/> <b>Ball ruled in or out</b>
<b>Home:</b> _____ <b>Visitor:</b> _____	<input type="radio"/> OD - Ball in <input type="radio"/> OD - Ball out
	<input type="radio"/> OD - Successful pancake
	<input type="radio"/> OD - Unsuccessful pancake
<b>Challenge Outcome</b>	<input type="checkbox"/> <b>Ball contacting a player</b>
<input type="checkbox"/> Original outcome confirmed	IN/OUT: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<i>Original fault decision changed?</i> <input type="radio"/> YES <input type="radio"/> NO	BRA/BRB/RO: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome reversed	2 or 4 HITS: <input type="radio"/> OD - Touch <input type="radio"/> OD - No touch
<input type="checkbox"/> Original outcome stands	<input type="checkbox"/> <b>Net fault by player</b>
<input type="checkbox"/> Mechanical or video failure	<input type="radio"/> OD - Net fault <input type="radio"/> OD - No net fault
<b>Length of challenge:</b> _____	<input type="checkbox"/> <b>Attack line fault</b>
<input type="checkbox"/> <b>Service foot fault</b>	<input type="radio"/> OD - Back-row attack
<input type="radio"/> OD - Foot fault	<input type="radio"/> OD - Not a back-row attack
<input type="radio"/> OD - No foot fault	<input type="radio"/> OD - Libero in the front zone
	<input type="radio"/> OD - Libero not in the front zone