



## INTERNATIONAL HUNTER EDUCATION ASSOCIATION HUNTING/SHOOTING INCIDENT REPORT

Check Appropriate Box(es)		<b>Department Official Use Only</b>			
<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/> Self-Inflicted <input type="checkbox"/> Property Damage Only	<b>Department Case Number:</b> <b>Classification:</b> <input type="checkbox"/> <b>A:</b> Shooting While Engaged in Legal Hunting Activity <input type="checkbox"/> <b>B:</b> Shooting While Engaged in Illegal Activity				
INVESTIGATING OFFICER: Prepare this report when investigating and reporting a hunting/shooting incident.. FOR THE PURPOSE OF THIS REPORT, A "HUNTING INCIDENT" IS DESCRIBED AS FOLLOWS: <b>The International Hunter Education Association's definition of a Hunting Incident: "An occurrence or an event that results in the physical injury or death of a person or persons which involves the discharge or use of a hunting implement while engaged in hunting activity."</b> FOR THE PURPOSE OF THIS REPORT, "HUNTING" IS DESCRIBED AS FOLLOWS: <b>To pursue, take, attempt to take, search for, stalk or lie in wait for any animal.</b>					
<b>1. Day/Date of Incident</b>	<b>2. Day of Season</b>	<b>3. Time (Military)</b>	<b>4. County/ Parrish</b>	<b>5. State/ Province</b>	<b>6. GPS coordinates</b> <input type="checkbox"/> UTM <input type="checkbox"/> Long/Lat
/ /	/	:			
<b>7. Location</b>		<b>Area or Landowner</b>			
A. <input type="checkbox"/> Public Land		<b>Name:</b>			
B. <input type="checkbox"/> Private Land		<b>Address:</b>			
C. <input type="checkbox"/> Shooting Preserve		<b>Phone:</b>			
<b>8. Was injury or death self-inflicted?</b>					
A. <input type="checkbox"/> YES - Complete sections 9. Shooter and 11. Incident Profile			B. <input type="checkbox"/> NO - Complete sections 9. Shooter, 10. Victim and 11. Incident Profile		
<b>9. SHOOTER</b>					
<b>Name (Last, First, MI)</b>		<b>License # &amp; Type</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<b>Age and DOB</b> / /	
<b>Address (Street, Box, Rural Route)</b>			<b>City</b>		<b>State/ Zip Code</b>
					<b>Resident Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
<b>Years of Hunting Experience:</b>		<b>Graduate of Hunter Educational Course:</b>		<b>Level of Involvement:</b>	
		<input type="checkbox"/> Yes - State/Prov. Year <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> With Hunting Party <input type="checkbox"/> Individually <input type="checkbox"/> Non-Hunter (identify activity) <input type="checkbox"/> Unknown	
<b>Shooter was in:</b>				<b>Was Victim Out of Sight of Shooter?</b>	
A. <input type="checkbox"/> Dense Cover		C. <input type="checkbox"/> Open Area		E. <input type="checkbox"/> Vehicle	
B. <input type="checkbox"/> Light Cover		D. <input type="checkbox"/> Elevated Position		F. <input type="checkbox"/> Other (specify):	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Animal(s) Being Hunted:</b>		<b>Shooter Wearing Blaze Orange?</b>		<b>Blaze Orange required?</b>	
Species _____ <input type="checkbox"/> In Season <input type="checkbox"/> Out of Season		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Shooter Used Intoxicants Prior to Incident:</b>			<b>Failure to use prescribed medication?</b>		
A. Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
B. Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Illegal <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shooter Licensed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required		

<b>Type of activity shooter was involved in:</b>			
A. <input type="checkbox"/> Hunting	C. <input type="checkbox"/> Field Trials	E. <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> Unintentional Discharge	D. <input type="checkbox"/> N/A	F. Decoy Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Was shooter attempting to harvest game?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Distance from muzzle to wound?</b>	<b>Shooter shot:</b> <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed	
<b>Has shooter ever been involved in a hunting incident before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was the shooter cooperative with investigation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Relationship to Victim:</b>			
<b>Firearm/Instrument used:</b>		<b>Type of Action:</b>	
A. <input type="checkbox"/> Shotgun	E. <input type="checkbox"/> Crossbow	A. <input type="checkbox"/> Bolt	E. <input type="checkbox"/> Semi-Auto
B. <input type="checkbox"/> Rifle	F. <input type="checkbox"/> Air/Gas Gun	B. <input type="checkbox"/> Lever	F. <input type="checkbox"/> Muzzleloader
C. <input type="checkbox"/> Handgun	G. <input type="checkbox"/> Other:	C. <input type="checkbox"/> Pump	G. <input type="checkbox"/> Inline
D. <input type="checkbox"/> Bow		D. <input type="checkbox"/> Break/Hinge	H. <input type="checkbox"/> Handgun
		I. <input type="checkbox"/> Other	I. <input type="checkbox"/> Other
<b>Make:</b>	<b>Model:</b>	<b>Serial Number:</b>	<b>Caliber/Gauge:</b>
<b>Capacity:</b>	<b>Projectile Type:</b>	<b>Ammunition:</b>	<b>Safety Position:</b>
A. <input type="checkbox"/> Repeater	A. <input type="checkbox"/> Bullet - Caliber      Weight	A. <input type="checkbox"/> Factory	A. <input type="checkbox"/> On
B. <input type="checkbox"/> Double Barrel	B. <input type="checkbox"/> Arrow	B. <input type="checkbox"/> Reload	B. <input type="checkbox"/> Off
C. <input type="checkbox"/> Single Shot	C. <input type="checkbox"/> Slug-Gauge      Weight	C. <input type="checkbox"/> Unknown	C. <input type="checkbox"/> Defective
	D. <input type="checkbox"/> Shot - Size      Material		D. <input type="checkbox"/> Unknown
	E. <input type="checkbox"/> Other		

<b>10. VICTIM</b>				
<b>Name (Last, First, MI)</b>		<b>License # &amp; Type</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female
				<b>Age and DOB</b> / /
<b>Address (Street, Box, Rural Route)</b>		<b>City</b>		<b>State/Prov.</b>
				<b>Zip Code</b>
				<b>Resident Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
<b>Years of Hunting Experience:</b>	<b>Graduate of Hunter Educational Course:</b> <input type="checkbox"/> Yes - State/Prov. Year <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Level of Involvement:</b> <input type="checkbox"/> With Hunting Party <input type="checkbox"/> Without Hunting Party <input type="checkbox"/> Non-Hunter (identify activity) <input type="checkbox"/> Unknown		
<b>Victim was in:</b>				<b>Was Victim Out of Sight of Shooter?</b>
A. <input type="checkbox"/> Dense Cover	C. <input type="checkbox"/> Open Area	E. <input type="checkbox"/> Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. <input type="checkbox"/> Light Cover	D. <input type="checkbox"/> Elevated Position	F. <input type="checkbox"/> Other	<input type="checkbox"/> Unknown	
<b>Type of activity shooter was involved in:</b>				
A. <input type="checkbox"/> Hunting	C. <input type="checkbox"/> Field Trials	E. <input type="checkbox"/> Unknown		
B. <input type="checkbox"/> Unintentional Discharge	D. <input type="checkbox"/> N/A			
<b>Color of Clothing:</b>				
<b>Cap:</b>		<b>Coat/Vest:</b>		<b>Trousers:</b>
<b>Species being hunted:</b> <input type="checkbox"/> In Season <input type="checkbox"/> Out of Season <input type="checkbox"/> Not Hunting		<b>Were Intoxicants used prior to incident?</b>		
		A. Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No		
		B. Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No    Illegal <input type="checkbox"/> Yes <input type="checkbox"/> No		
		C. Prescribed Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Firearm/Instrument used:</b>		<b>Type of Action:</b>		<b>Type of Sight:</b>
A. <input type="checkbox"/> Shotgun	E. <input type="checkbox"/> Crossbow	A. <input type="checkbox"/> Bolt	E. <input type="checkbox"/> Semi-Auto	A. <input type="checkbox"/> Open
B. <input type="checkbox"/> Rifle	F. <input type="checkbox"/> Air/Gas Gun	B. <input type="checkbox"/> Lever	F. <input type="checkbox"/> Caplock	B. <input type="checkbox"/> Peep
C. <input type="checkbox"/> Handgun	G. <input type="checkbox"/> Other:	C. <input type="checkbox"/> Pump	G. <input type="checkbox"/> Inline	C. <input type="checkbox"/> Scope
D. <input type="checkbox"/> Bow		D. <input type="checkbox"/> Break/Hinge	H. <input type="checkbox"/> Revolver	D. <input type="checkbox"/> Other:
		I. <input type="checkbox"/> Other:	I. <input type="checkbox"/> Other:	
<b>Make:</b>	<b>Model:</b>	<b>Serial Number:</b>	<b>Caliber/Gauge:</b>	



<b>Witnesses other than Shooter and Victim</b>					
<b>Name</b>		<b>Address (Street, City, State, Zip)</b>		<b>Phone Number</b>	
1.					
2.					
3.					
4.					
5.					
<b>Shooter Violations</b>		<b>Victim Violations</b>			
<b>List of Violations</b>		<b>Enforcement Action Taken</b>	<b>List of Violations</b>		<b>Enforcement Action Taken</b>
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	5.		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Shooter Hunter Education Details</b>		<b>Victim Hunter Education Details</b>	
Classroom Course: <input type="checkbox"/> Yes <input type="checkbox"/> No		Classroom Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hands on gun handling: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hands on gun handling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet Only Course: <input type="checkbox"/> Yes <input type="checkbox"/> No		Internet Only Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Field day with live fire: <input type="checkbox"/> Yes <input type="checkbox"/> No		Field day with live fire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass out test (no hands on training): <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass out test (no hands on training): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Firearms Training: <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Firearms Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following items are suggested to be included with this report to be considered complete:

1. Narrative (Be specific – describe how the incident happened and suspected cause).
2. Diagram of incident scene (Indicate North by arrow).
3. County map showing location of incident
4. List of photographs taken.
5. List of items seized and where located.
6. Statements from witnesses (if applicable).
7. Copies of citations (if applicable).

**Report was completed by**

<b>Investigating Officer:</b>	<b>I.D. #:</b>	<b>Date:</b>
<b>Assisted By:</b>	<b>I.D.#:</b>	<b>Date:</b>

**Other Agencies Assisting in Investigation:**

1.
2.

**Office Use Only**

<b>Reviewed by:</b>	<b>Title:</b>
<b>Date Reviewed:</b>	<b>Date entered into Clearinghouse:</b>