

Check Appropriate Box(es) Fatal Non-Fatal	 INTERNATIONAL HUNTER EDUCATION ASSOCIATION U.S.A. Elevated Hunting Incident Reporting Form	Official Use Only Wildlife Department Case Number:
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The definition is: "An occurrence or an event that results in the physical injury or death of a person or persons involuntarily while afield engaging for the act of hunting from the time the person ascends to the time the person descends from the elevated position."

1. Day/Date of Incident	2. Time (Military)	3. County/Parrish	4. State/Province	5. GPS coordinates <input type="checkbox"/> UTM <input type="checkbox"/> Long/Lat
/ /	:			

6. Location A. <input type="checkbox"/> Public Land B. <input type="checkbox"/> Private Land C. <input type="checkbox"/> Shooting Preserve D. <input type="checkbox"/> Leased Land <input type="checkbox"/> Other:	Area or Landowner/Lease Information Name: Address: Phone:
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VICTIM INFORMATION

Name (Last, First, MI)	License # & Type	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age and DOB / /
Address (Street, Box, Rural Route)	City	State/Prov	Zip Code
		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
Phone:	Graduate of Hunter/Bow Educational Course:	Approximate # of Miles Incident Occurred from Victim's Residence:	
Years of Hunting Experience:	<input type="checkbox"/> Yes - State/Prov. Year <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Victim Used Intoxicants Prior to Incident: A. Alcohol <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	Use of prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
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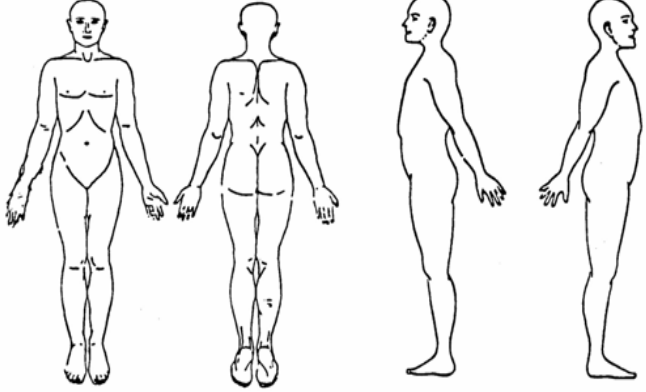
	Describe Injuries (Be Specific) – if no injuries, describe property damage and list value:
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Diagram Injuries to Victim: (Indicate locations of injuries on anatomical outlines)

Injury Severity: A. <input type="checkbox"/> Fatal B. <input type="checkbox"/> Minor C. <input type="checkbox"/> Moderate D. <input type="checkbox"/> Severe E. <input type="checkbox"/> Unknown F. <input type="checkbox"/> N/A	Name of Physician:	Name of Medical Facility:	In case of death name of Coroner/ Medical Examiner:
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INCIDENT PROFILE		
Lighting: A. <input type="checkbox"/> Dawn D. <input type="checkbox"/> Dusk B. <input type="checkbox"/> Sunny E. <input type="checkbox"/> Dark C. <input type="checkbox"/> Overcast F. <input type="checkbox"/> Unknown	Visibility: A. <input type="checkbox"/> Excellent D. <input type="checkbox"/> Unknown B. <input type="checkbox"/> Good C. <input type="checkbox"/> Poor	Topography - Location A. <input type="checkbox"/> Flat D. <input type="checkbox"/> Other B. <input type="checkbox"/> Rolling C. <input type="checkbox"/> Steep Hill
Method of Hunting A. <input type="checkbox"/> Rifle B. <input type="checkbox"/> Bow C. <input type="checkbox"/> Shotgun D. <input type="checkbox"/> Crossbow E. <input type="checkbox"/> Other (Explain):		
<input type="checkbox"/> Fall while climbing into or out of elevated position (Check all that apply)		
A. <input type="checkbox"/> Safety harness NOT in use	D. <input type="checkbox"/> Slipped on step	G. <input type="checkbox"/> Haul Line NOT in use
B. <input type="checkbox"/> Lose of grip/footing	E. <input type="checkbox"/> Step broke	H. <input type="checkbox"/> Other (Explain):
C. <input type="checkbox"/> Equipment Condition	F. <input type="checkbox"/> Improper use of equipment	
<input type="checkbox"/> Fall while in stand (Check all that apply)		
A. <input type="checkbox"/> Safety Harness NOT in use	C. <input type="checkbox"/> Fell asleep	E. <input type="checkbox"/> Other (Explain):
B. <input type="checkbox"/> Moving or repositioning	D. <input type="checkbox"/> Equipment Condition	
Treestand Contributing Factors		
A. <input type="checkbox"/> Manufactured Climber (Brand/Model/Mfg.Date): _____		
B. <input type="checkbox"/> Manufactured Hang-On (Brand/Model/Mfg.Date): _____		
C. <input type="checkbox"/> Manufactured Ladder (Brand/Model/Mfg.Date): _____		
D. <input type="checkbox"/> Manufactured Tripod (Brand/Model/Mfg.Date): _____		
E. <input type="checkbox"/> Manufactured Climbing Aid (Brand/Model/Mfg.Date): _____		
F. <input type="checkbox"/> Homemade (Type): Ladder Hang-On Climber		
G. <input type="checkbox"/> Branch H. <input type="checkbox"/> Screw-in Step I. <input type="checkbox"/> Material in poor condition J. <input type="checkbox"/> Attachment Failure		
<input type="checkbox"/> Other (Explain)		
Safety Harness Factors <input type="checkbox"/> None in use <input type="checkbox"/> Full Body Harness (Brand/Model/Mfg. Date):		
A. <input type="checkbox"/> Tether NOT CONNECTED to Tree		
B. <input type="checkbox"/> Failed to Follow Instructions	D. <input type="checkbox"/> Improper Use	F. <input type="checkbox"/> Failed to Use Climbing/Lineman's Belt
C. <input type="checkbox"/> Broken Strap/Hardware	E. <input type="checkbox"/> Broken Stitching	G. <input type="checkbox"/> Frayed
<input type="checkbox"/> Treestand Safety Rope	Other(Explain):	
Tree Factors: Dead and/or Loose Bark Leaning Too Small Too Large		
Other (Explain):		
Witnesses other than shooter or victim	Address (Street, City, State, Zip)	Phone Number
1. Name:		
2. Name:		
Violations <input type="checkbox"/> Yes <input type="checkbox"/> No		
List of Violations	Enforcement Action Taken	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<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 (Include 3 tree measurements:1ft, 6ft & Point of Contact)		
3. County and/or Google map showing location of incident		
4. List of photographs (See Page 3)		
5. List of items seized and where located		
6. Statements from witnesses (if applicable)		
7. Copies of citations (if applicable)		
Report Was Completed By		
Investigating Officer:	I.D. #:	Date:
Assisted By:	I.D. #:	Date:
Other Agencies Assisting in Investigation:		
1.		
2.		
Office Use Only		
Reviewed by:	Title:	
Date Reviewed:		

Narrative (please describe how the incident happened and suspected causes)

List of Photographs Taken:

1		21	
2		22	
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Signature of Investigating Officer: _____ Date: _____