



INTERNATIONAL HUNTER EDUCATION ASSOCIATION U.S.A.

INTERNATIONAL HUNTER EDUCATION ASSOCIATION-USA HUNTING/SHOOTING INCIDENT REPORT

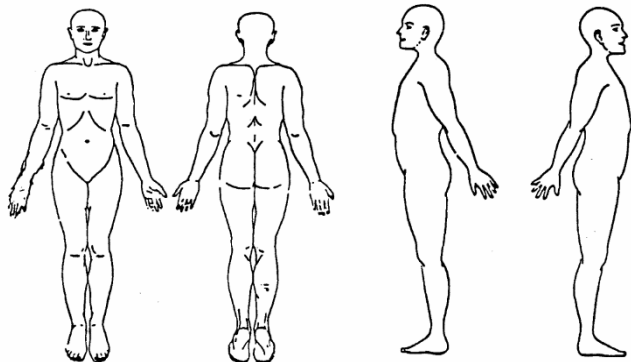
Check Appropriate Box(es) <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/> Self-Inflicted <input type="checkbox"/> Property Damage Only *Do not submit Property Damage Only to the IHEA Hunting Incident Database		Department Official Use Only Department Case Number: IHEA Classification: <input type="checkbox"/> A: Shooting While Engaged in Legal Hunting Activity <input type="checkbox"/> B: Shooting While Engaged in Illegal Activity		Agency Classification: <input type="checkbox"/> A: Incident resulting in discharge of firearm while shooter is engaged in hunting resulting in death or injury of any person(s). <input type="checkbox"/> B: Incident resulting in discharge of bow while shooter is engaged in hunting resulting in death or injury of any person(s). <input type="checkbox"/> C: Incident not involving the discharge of a firearm or bow resulting in death or injury of any person(s) while engaged in hunting.		
<p>INVESTIGATING OFFICER: Prepare this report when investigating and reporting a hunting/shooting incident..</p> <p>FOR THE PURPOSE OF THIS REPORT, A "HUNTING INCIDENT" IS DESCRIBED AS FOLLOWS:</p> <p>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."</p> <p>FOR THE PURPOSE OF THIS REPORT, "HUNTING" IS DESCRIBED AS FOLLOWS:</p> <p>To pursue, take, attempt to take, search for, stalk or lie in wait for any animal.</p>						
1. Date of Incident		2. Day of Season	3. Time (Military)	4. County/ Parrish	5. State/ Province	6. GPS coordinates <input type="checkbox"/> UTM <input type="checkbox"/> Long/Lat
7. Location A. <input type="checkbox"/> Public Land B. <input type="checkbox"/> Private Land C. <input type="checkbox"/> Shooting Preserve			Area or Landowner Name: Address: Phone:			
8. Was injury or death self-inflicted? A. <input type="checkbox"/> YES - Complete sections 9. Shooter, 11. Injury Profile, and 12. Incident Profile B. <input type="checkbox"/> NO - Complete sections 9. Shooter, 10. Victim 11. Injury Profile, and 12. Incident Profile						
9. SHOOTER						
Name (Last, First, MI)		License # & Type		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	DOB
Address (Street, Box, Rural Route)		City		State and Zip Code		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Years of Hunting Experience:	Graduate of Hunter Educational Course: <input type="checkbox"/> Yes - State/Prov. Year <input type="checkbox"/> No <input type="checkbox"/> Unknown	Level of Involvement: <input type="checkbox"/> With Hunting Party <input type="checkbox"/> Individually <input type="checkbox"/> Non-Hunter (identify activity) <input type="checkbox"/> Unknown				
Shooter was in: A. <input type="checkbox"/> Dense Cover B. <input type="checkbox"/> Light Cover C. <input type="checkbox"/> Open Area D. <input type="checkbox"/> Elevated Position E. <input type="checkbox"/> Vehicle F. <input type="checkbox"/> Other (specify):					Was Victim Out of Sight of Shooter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Animal(s) Being Hunted: Species _____ <input type="checkbox"/> In Season <input type="checkbox"/> Out of Season		Shooter Wearing Blaze Orange? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blaze Orange required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shooter Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shooter 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		Failure to use prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Shooter Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shooter Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of activity shooter was involved in:			
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	
Was shooter attempting to harvest game? <input type="checkbox"/> Yes <input type="checkbox"/> No		Distance from muzzle to wound?	Shooter shot: <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed
Has shooter ever been involved in a hunting incident before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the shooter cooperative with investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Victim:			
Firearm/Instrument used:		Type of Action:	Type of Sight:
A. <input type="checkbox"/> Shotgun	E. <input type="checkbox"/> Crossbow	A. <input type="checkbox"/> Bolt	A. <input type="checkbox"/> Open
B. <input type="checkbox"/> Rifle	F. <input type="checkbox"/> Air/Gas Gun	B. <input type="checkbox"/> Lever	B. <input type="checkbox"/> Peep
C. <input type="checkbox"/> Handgun	G. <input type="checkbox"/> Other:	C. <input type="checkbox"/> Pump	C. <input type="checkbox"/> Scope
D. <input type="checkbox"/> Bow		D. <input type="checkbox"/> Break/Hinge	D. <input type="checkbox"/> Other
Make:		Model:	Serial Number:
Capacity:		Projectile Type:	Ammunition:
A. <input type="checkbox"/> Repeater	A. <input type="checkbox"/> Bullet – Caliber	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		

10. VICTIM				
Name (Last, First, MI)		License # & Type		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Box, Rural Route)		City	State/Prov.	Age DOB
			Zip Code	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Years of Hunting Experience:	Graduate of Hunter Educational Course: <input type="checkbox"/> Yes – State/Prov. Year <input type="checkbox"/> No <input type="checkbox"/> Unknown		Level of Involvement: <input type="checkbox"/> With Hunting Party <input type="checkbox"/> Without Hunting Party <input type="checkbox"/> Non-Hunter (identify activity) <input type="checkbox"/> Unknown	
Victim was in: 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			Was Victim Out of Sight of Shooter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Type of activity victim was involved in:				
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		
Color of Clothing:				
Cap:		Coat/Vest:		Trousers:
Species being hunted: <input type="checkbox"/> In Season <input type="checkbox"/> Out of Season <input type="checkbox"/> Not Hunting		Were Intoxicants used 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 Illegal <input type="checkbox"/> Yes <input type="checkbox"/> No C. Prescribed Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Firearm/Instrument used:		Type of Action:		Type of Sight:
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"/> Sidelock	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:
Make:		Model:	Serial Number:	Caliber/Gauge:

Capacity A. <input type="checkbox"/> Repeater B. <input type="checkbox"/> Double Barrel C. <input type="checkbox"/> Single Shot	Projectile Type: A. <input type="checkbox"/> Bullet –Caliber B. <input type="checkbox"/> Arrow C. <input type="checkbox"/> Slug-Gauge Weight D. <input type="checkbox"/> Shot - Size Material E. <input type="checkbox"/> Other	Ammunition A. <input type="checkbox"/> Factory B. <input type="checkbox"/> Reload C. <input type="checkbox"/> Unknown	Safety Position A. <input type="checkbox"/> On B. <input type="checkbox"/> Off C. <input type="checkbox"/> Defective D. <input type="checkbox"/> Unknown
Was victim attempting to harvest wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No		Distance from muzzle to wound:	

11. INJURY PROFILE- Use a this page twice if more than one party is involved.



Describe Injuries (Be Specific) – if no injuries, describe property damage and list value:

Diagram Injuries to Victim: (Indicate locations of injuries on anatomical outlines – scan in completed diagram if possible)

Injury Severity: A. <input type="checkbox"/> Debilitating E. <input type="checkbox"/> Severe B. <input type="checkbox"/> Fatal F. <input type="checkbox"/> Unknown C. <input type="checkbox"/> Minor G. <input type="checkbox"/> N/A D. <input type="checkbox"/> Moderate	Physician:	Medical Facility:	Name of Coroner/ Medical Examiner: <input type="checkbox"/> N/A
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12. INCIDENT PROFILE

Lighting: A. <input type="checkbox"/> Unknown D. <input type="checkbox"/> Dawn B. <input type="checkbox"/> Dark E. <input type="checkbox"/> Overcast C. <input type="checkbox"/> Dusk F. <input type="checkbox"/> Sunny	Visibility: A. <input type="checkbox"/> Excellent D. <input type="checkbox"/> Unknown B. <input type="checkbox"/> Good C. <input type="checkbox"/> Poor	Topography- Incident Location is: <input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Steep hill <input type="checkbox"/> Mountainous <input type="checkbox"/> Other
Incident occurred in: A. <input type="checkbox"/> Wooded Area C. <input type="checkbox"/> Road Right-of-way E. <input type="checkbox"/> River, Stream, Lake, Marsh B. <input type="checkbox"/> Field/Cropland D. <input type="checkbox"/> Railroad Right-of-way F. <input type="checkbox"/> Other:		
Most Important Contributing Factor(s) (List most important factor as "1" in space below next to letter, 2nd as "2", etc.)		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. <input type="checkbox"/> Victim out of sight of shooter B. <input type="checkbox"/> Victim covered by shooter swinging on game C. <input type="checkbox"/> Failure to identify target D. <input type="checkbox"/> Victim in line of fire E. <input type="checkbox"/> Ricochet F. <input type="checkbox"/> Defective firearm ammunition G. <input type="checkbox"/> Firearm fell, insecure rest H. <input type="checkbox"/> Shooter stumbled and fell I. <input type="checkbox"/> Trigger caught on object J. <input type="checkbox"/> Failure to check beyond target K. <input type="checkbox"/> Loading firearm L. <input type="checkbox"/> Unloading firearm </div> <div style="width: 50%;"> M. <input type="checkbox"/> Discharge firearm in/on a vehicle N. <input type="checkbox"/> Improper crossing of obstacle O. <input type="checkbox"/> Clubbing game with firearm P. <input type="checkbox"/> Careless or reckless handling of firearm Q. <input type="checkbox"/> Place/remove firearm from vehicle R. <input type="checkbox"/> Drop firearm S. <input type="checkbox"/> Horse play while hunting T. <input type="checkbox"/> Shooting across roadway U. <input type="checkbox"/> Run with loaded firearm V. <input type="checkbox"/> Obstruction of barrel W. <input type="checkbox"/> Careless handling of archery equipment X. <input type="checkbox"/> Other: </div> </div>		

Based on the contributing factors listed above what could have been done differently to prevent this incident from occurring?

Witnesses other than Shooter and Victim

Name	Address (Street, City, State, Zip)	Phone Number
1.		
2.		
3.		
4.		
5.		

Shooter Violations		Victim Violations	
List of Violations	Enforcement Action Taken	List of Violations	Enforcement Action Taken
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

Shooter Hunter Education Details	Victim Hunter Education Details
Classroom Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Classroom Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Hands on gun handling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hands on gun handling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Internet Only Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Internet Only Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Field day with live fire: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Field day with live fire: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pass out test (no hands on training): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Pass out test (no hands on training): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Military Firearms Training: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Firearms Training: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<p>The following items are suggested to be included with this report to be considered complete:</p> <ol style="list-style-type: none"> 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	
Investigating Officer:	Badge #: Date:
Assisted By:	Badge#: Date:
Other Agencies Assisting in Investigation:	
1.	
2.	
Office Use Only	
Reviewed by:	Title:
Date Reviewed:	Date entered into IHEA Database: