

Check Appropriate Box(es)	
<input type="checkbox"/> Fatal	
<input type="checkbox"/> Non-Fatal	



Official Use Only
Case Number: _____
Classification: _____

Elevated Hunting Incident Report

FOR THE PURPOSE OF THIS REPORT AN "ELEVATED HUNTING INCIDENT IS DESCRIBED AS FOLLOWS: An occurrence or an event that results in the physical injury or death of a person or persons involuntarily while afield engaging in a hunting related activity from the time the person ascends to the time the person descends from the elevated position.

Day/Date of Incident _____	Time (Military) _____	GPS coordinates <input type="checkbox"/> UTM <input type="checkbox"/> Long/Lat 15T _____ CUTM _____
County _____	Township sec. _____	State _____
Location A. <input type="checkbox"/> Public Land D. <input type="checkbox"/> Shooting Preserve B. <input type="checkbox"/> Private Land E. <input type="checkbox"/> Leased Land C. <input type="checkbox"/> Other: _____		Are or Landowner/Lease Information Name _____ Address _____ Phone _____

VICTIM			
<input type="checkbox"/> Male <input type="checkbox"/> Female	DL# or SSN _____		DOB _____
Name (Last, First, MI) _____			Resident Status
Address (Street, Box, Rural Route) _____			<input type="checkbox"/> Resident
City _____	State _____	Zip Code _____	<input type="checkbox"/> Non-Resident
Years of Firearm Handling Experience: _____		Graduate of Hunter Educational Course: <input type="checkbox"/> Yes— State _____ Year _____	
Approximate # of Miles Incident Occurred from Victim's Residence: _____		<input type="checkbox"/> No <input type="checkbox"/> Unknown	

Hunter Education Course Classroom Course: <input type="checkbox"/> Yes <input type="checkbox"/> No Internet Only Course: <input type="checkbox"/> Yes <input type="checkbox"/> No Hands on gun handling: <input type="checkbox"/> Yes <input type="checkbox"/> No Pass out test (no hands on training): <input type="checkbox"/> Yes <input type="checkbox"/> No		Bow Hunter Education Course Classroom Course: <input type="checkbox"/> Yes <input type="checkbox"/> No Internet Only Course: <input type="checkbox"/> Yes <input type="checkbox"/> No Hands on Bow & Tree Stand Safety: <input type="checkbox"/> Yes <input type="checkbox"/> No Pass out test (no hands on training): <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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 completed diagram if possible)

Injury Severity: <input type="checkbox"/> Debilitating <input type="checkbox"/> Severe <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown <input type="checkbox"/> Minor <input type="checkbox"/> N/A <input type="checkbox"/> Moderate	Name of Physician: _____ _____ _____	Name of Medical Facility: _____ _____ _____	In case of death name of Coroner/ Medical Examiner: _____ _____ _____
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INCIDENT PROFILE			
Lighting: <input type="checkbox"/> Unknown <input type="checkbox"/> Dawn <input type="checkbox"/> Dark <input type="checkbox"/> Overcast <input type="checkbox"/> Dusk <input type="checkbox"/> Sunny		Visibility: <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Unknown	
Topography – Incident Location is: <input type="checkbox"/> Level <input type="checkbox"/> Marsh <input type="checkbox"/> Rolling <input type="checkbox"/> Other _____ <input type="checkbox"/> Steep Hill _____			

<input type="checkbox"/> Fall while climbing into or out of elevated position <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safety harness not in use <input type="checkbox"/> Lost balance or footing <input type="checkbox"/> Equipment failure </div> <div> <input type="checkbox"/> Slipped on step <input type="checkbox"/> Step broke <input type="checkbox"/> Tree climbers slipped/broke </div> <div> <input type="checkbox"/> Other: _____ </div> </div>																	
<input type="checkbox"/> Fall while in stand <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safety harness not in use <input type="checkbox"/> Moving or repositioning </div> <div> <input type="checkbox"/> Fell asleep <input type="checkbox"/> Tree stand failure </div> <div> <input type="checkbox"/> Other: _____ </div> </div>																	
<input type="checkbox"/> Tree Stand Failure <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Manufactured climbing type <input type="checkbox"/> Manufactured lock on type <input type="checkbox"/> Manufactured ladder type <input type="checkbox"/> Manufactured tripod type <input type="checkbox"/> Homemade climbing type <input type="checkbox"/> Homemade lock on type <input type="checkbox"/> Homemade permanent </div> <div> Brand/Model: _____ Brand/Model: _____ Brand/Model: _____ Brand/Model: _____ </div> <div> <input type="checkbox"/> Built on tree <input type="checkbox"/> Ladder type <input type="checkbox"/> Fastener Failure (type): _____ <input type="checkbox"/> Materials in poor condition (type): _____ <input type="checkbox"/> Other (explain): _____ </div> </div>																	
Safety Harness Factors (Type): <input type="checkbox"/> None <input type="checkbox"/> Single belt <input type="checkbox"/> Chest <input type="checkbox"/> Full body harness <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Harness Failure (Condition): <input type="checkbox"/> Improper use of Harness: <input type="checkbox"/> Other (explain): _____ </div> <div> <input type="checkbox"/> Malfunction <input type="checkbox"/> Frayed <input type="checkbox"/> Broke Stitching <input type="checkbox"/> Improper installation <input type="checkbox"/> Failed to follow instructions <input type="checkbox"/> Put Harness on Incorrectly </div> </div> <input type="checkbox"/> Failure to use haul line: _____																	
<input type="checkbox"/> Other Equipment Failure: _____																	
Witnesses other than shooter or victim <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Name</th> <th style="width: 33%; text-align: center;">Address (Street, City, State, Zip)</th> <th style="width: 33%; text-align: center;">Phone Number</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Name	Address (Street, City, State, Zip)	Phone Number	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____
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1. _____	_____	_____															
2. _____	_____	_____															
3. _____	_____	_____															
4. _____	_____	_____															
Violations <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;">List of Violations</th> <th style="width: 30%; text-align: center;">Enforcement Action Taken</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2. _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			List of Violations	Enforcement Action Taken	1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No									
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2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No																

- The following items 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		
Investigating Officer: _____	ID #: _____	Date: _____
Assisted By: _____	ID #: _____	Date: _____
Other Agencies Assisting in Investigation:		
1. _____		
2. _____		
Office Use Only		
Reviewed by: _____	Title: _____	Date: _____