



HUNTING INCIDENT REPORT

Required by authority of Public Act 10 of 1952, as amended

INSTRUCTIONS TO INVESTIGATOR

Complete and submit for reporting all incidents resulting from the discharge of a hunting implement while afield, hunting that results in physical injury or death of a person or persons, or property damage.

NOTE: If possible, firearms, archery equipment, ammunition / powder or other equipment involved in a hunting incident should be taken into the custody of the investigating officer for testing and / or evaluation.

*** ITEMS MARKED WITH ASTERISK WILL BE REPORTED ON THE IHEA ANNUAL HUNTING AND HUNTING RELATED INCIDENT REPORT.**

***TYPE OF CASUALTY** **FATAL** **NON-FATAL** **PROPERTY DAMAGE ONLY** **SELF-INFLICTED** **YES** **NO**

*State / Province	Location	GPS Coordinates <input type="checkbox"/> UTM <input type="checkbox"/> Lat/Long _____	
County / Parish	Date	Time of Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Day of Season
Name of Landowner	Land Ownership <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Shooting Preserve		
Address	Telephone ()		
City, State, ZIP	Shooter & Victim Members of Same Party <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Persons in Party
Type of Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle* <input type="checkbox"/> Handgun* <input type="checkbox"/> Bow* <input type="checkbox"/> Crossbow* <input type="checkbox"/> Unknown*			
Type of Action <input type="checkbox"/> Revolver <input type="checkbox"/> Bolt <input type="checkbox"/> Lever <input type="checkbox"/> Semi-Auto <input type="checkbox"/> Hinge <input type="checkbox"/> Pump <input type="checkbox"/> Other			
Miscellaneous Caliber / Gauge _____ Draw Weight _____ Make _____ Model _____ Serial Number _____			
Sights Used <input type="checkbox"/> Open <input type="checkbox"/> Scope <input type="checkbox"/> Peep		Ammunition <input type="checkbox"/> Reload <input type="checkbox"/> Factory <input type="checkbox"/> Shot Size	
Safety Position <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Unknown <input type="checkbox"/> Defective Safety		Tree stand Used <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Homemade <input type="checkbox"/> Factory	

If self-inflicted, supply only SHOOTER information below. Otherwise, supply both SHOOTER & VICTIM information below.

SHOOTER				VICTIM			
Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
Address	Telephone ()	Address	Telephone ()				
City, State / Province, ZIP		City, State / Province, ZIP					
ID / DL / SSN	DOB* *Age	ID / DL / SSN	DOB* *Age				
Hunting License Number		Hunting License Number					
Years of Hunting Experience	Apprentice <input type="checkbox"/> No <input type="checkbox"/> Yes	Years of Hunting Experience	Apprentice <input type="checkbox"/> No <input type="checkbox"/> Yes				
Under the Apparent Influence of Intoxicants or Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		Under the Apparent Influence of Intoxicants or Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown					
Hunter Education Certified <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	State / Province Certified <input type="checkbox"/> N/A	Hunter Education Certified <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	State / Province Certified <input type="checkbox"/> N/A				
*Game Law Violated <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, What Section	*Game Law Violated <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, What Section				
Resident <input type="checkbox"/> No <input type="checkbox"/> Yes	Relationship to Victim	Resident <input type="checkbox"/> No <input type="checkbox"/> Yes					
Other Laws Violated <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Shooter Involved in Hunting Related Activity <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Other Laws Violated <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Victim Involved in Hunting Related Activity <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown				
Shooter was in <input type="checkbox"/> Dense Cover <input type="checkbox"/> Light Cover <input type="checkbox"/> Open Area <input type="checkbox"/> Vehicle <input type="checkbox"/> Elevated Position <input type="checkbox"/> Other (Specify) _____		Victim was in <input type="checkbox"/> Dense Cover <input type="checkbox"/> Light Cover <input type="checkbox"/> Open Area <input type="checkbox"/> Vehicle <input type="checkbox"/> Elevated Position <input type="checkbox"/> Other (Specify) _____					
Color of Clothing → Cap Coat / Vest Trousers		Color of Clothing → Cap Coat / Vest Trousers					

Description of Injury

Injury Severity Fatal Debilitating Severe Moderate Minor Unknown N/A

Witness Information

Witness Name	Address	City State / Province, ZIP	Telephone
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

***Animal Being Hunted**

<input type="checkbox"/> Bear	<input type="checkbox"/> Wild Boar	<input type="checkbox"/> Bobcat	<input type="checkbox"/> Cottontail	<input type="checkbox"/> Coyote	<input type="checkbox"/> Crow	<input type="checkbox"/> Deer
<input type="checkbox"/> Dove / Pigeon	<input type="checkbox"/> Duck / Geese	<input type="checkbox"/> Elk	<input type="checkbox"/> Fox	<input type="checkbox"/> Grouse	<input type="checkbox"/> Hares	<input type="checkbox"/> Javelina
<input type="checkbox"/> Moose	<input type="checkbox"/> Non-Game Birds & Mammals	<input type="checkbox"/> Pheasant	<input type="checkbox"/> Quail	<input type="checkbox"/> Raccoon / Opossum	<input type="checkbox"/> Wolf	
<input type="checkbox"/> Squirrel	<input type="checkbox"/> Turkey <input type="checkbox"/> Spring <input type="checkbox"/> Fall	<input type="checkbox"/> Other Upland Game Birds		<input type="checkbox"/> Other Small Game	<input type="checkbox"/> Unknown	

Miscellaneous Factors (Check One Only)

Topography	<input type="checkbox"/> Hilly	<input type="checkbox"/> Flat	<input type="checkbox"/> Unknown			
Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown		
Light Condition	<input type="checkbox"/> Sunny	<input type="checkbox"/> Overcast	<input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dark	<input type="checkbox"/> Unknown
Weather Condition	<input type="checkbox"/> Clear	<input type="checkbox"/> Calm	<input type="checkbox"/> Windy	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog <input type="checkbox"/> Unknown
Distance From Muzzle to Victim in Yards	<input type="checkbox"/> 0 - 10	<input type="checkbox"/> 11 - 50	<input type="checkbox"/> 51 - 100	<input type="checkbox"/> 101 +	<input type="checkbox"/> Unknown	

Incident Occurred in

<input type="checkbox"/> Wooded Area	<input type="checkbox"/> Field / Cropland	<input type="checkbox"/> Road Right-of-Way	<input type="checkbox"/> Railroad Right-of-Way
<input type="checkbox"/> River, Stream, Marsh, Lake	<input type="checkbox"/> Other _____		

***CONTRIBUTING FACTORS: CHECK "M" FOR MAJOR FACTORS AND CHECK "A" FOR ADDITIONAL FACTORS**

Hunter Judgment	M	A	Safety / Law Violations	M	A	Miscellaneous	M	A
Victim Moved Into Line of Fire	<input type="checkbox"/>	<input type="checkbox"/>	Run / Walk with Loaded Firearm	<input type="checkbox"/>	<input type="checkbox"/>	Improper Powder Substitution	<input type="checkbox"/>	<input type="checkbox"/>
Shooter Swinging on Game	<input type="checkbox"/>	<input type="checkbox"/>	Remove / Place Firearm in Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Mixed Ammo / Incorrect Substitution	<input type="checkbox"/>	<input type="checkbox"/>
Victim out of Sight of Shooter	<input type="checkbox"/>	<input type="checkbox"/>	Using Firearm as a Club	<input type="checkbox"/>	<input type="checkbox"/>	Faulty Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Identify Target	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Firearm in / on Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Ricochet	<input type="checkbox"/>	<input type="checkbox"/>
			Firearm Not Secured / Fell	<input type="checkbox"/>	<input type="checkbox"/>	Obstruction in Barrel	<input type="checkbox"/>	<input type="checkbox"/>
Skill and Aptitude			Shooting From / Across Roadway	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Trigger Caught on Object	<input type="checkbox"/>	<input type="checkbox"/>	"Horseplay" While Hunting	<input type="checkbox"/>	<input type="checkbox"/>	Fall From Watercraft	<input type="checkbox"/>	<input type="checkbox"/>
Loading Firearm	<input type="checkbox"/>	<input type="checkbox"/>				Apparent use of Intoxicants / Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Unloading Firearm	<input type="checkbox"/>	<input type="checkbox"/>	Archery Related					
Improper Crossing of Obstacle	<input type="checkbox"/>	<input type="checkbox"/>	Arrow Not Matched to Bow	<input type="checkbox"/>	<input type="checkbox"/>	Treestand Related		
Dropped Firearm	<input type="checkbox"/>	<input type="checkbox"/>	Careless Handling of Bow / Arrow	<input type="checkbox"/>	<input type="checkbox"/>	Fall While Climbing Into / Out of Position	<input type="checkbox"/>	<input type="checkbox"/>
Careless Handling of Firearm	<input type="checkbox"/>	<input type="checkbox"/>	Carrying Nocked Arrow	<input type="checkbox"/>	<input type="checkbox"/>	Failure to Use Haul Line	<input type="checkbox"/>	<input type="checkbox"/>
Shooter Stumbled and Fell	<input type="checkbox"/>	<input type="checkbox"/>	Defective Bow or Arrow	<input type="checkbox"/>	<input type="checkbox"/>	Failure to Use Safety Belt	<input type="checkbox"/>	<input type="checkbox"/>
			Stringing Bow	<input type="checkbox"/>	<input type="checkbox"/>			

***SUMMARY** (Brief Description of Incident)

- The Following Items Must be Attached to This Report to be Considered Complete.**
- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Diagram of Incident Scene | 2. <input type="checkbox"/> County Map Showing Incident Location | 3. <input type="checkbox"/> List of Photographs |
| 4. <input type="checkbox"/> List of Items Seized and Where Located | 5. <input type="checkbox"/> Witness Statements (if Applicable) | 6. <input type="checkbox"/> Copies of Citation(s) (if Applicable) |

Name of Investigator _____ Title _____ Signature _____ Date of Report _____

HUNTING INCIDENT REPORT - INFORMATION AND INSTRUCTIONS

752.844 reports: availability for use

Sec 4. Reports required to be filed under provisions of this Act shall not be available for use in any way in any court action, Civil or criminal, and shall not be open to general public inspection, but shall be for the purpose of furnishing statistical information as to the number and cause of such accidents. This act shall be construed to supplement the laws of this state with respect to evidence and its admissibility.

Hunting accident reports are compiled annually by the Michigan Department of Natural Resources. Copies of these reports are available by contacting the

LAW ENFORCEMENT DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30031
LANSING MI 48909

Upon being notified that a hunting casualty has occurred, investigating agencies are asked to immediately contact Operations Division, MSP, via LEIN with basic information on the incident. The format for this initial report is found in the LEIN Accident Reporting Screen under "ACCHUNTING". Please forward a copy of this LEIN message to Michigan Department of Natural Resources ORI Number MI3399800.

Investigating agencies are requested to complete this report (PR-9102) after the investigation has been completed. Send it along with a photo copy of the investigator's report of investigation, to

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This information is required by Act 10 of 1952. Death or injuries from firearms.