

Incident Facts

Animal Species Hunted:

1. Deer
 2. Raccoon
 3. Squirrel
 4. Coyote
 5. Quail
 6. Duck
 7. Rabbit
 8. Pheasant
 9. Turkey
 10. Goose
 11. Dove
 12. Other _____

Type of Hunting Activity Shooter / Victim Was Involved In:

1. Driving Game
 2. Blocker
 3. Still Hunting
 4. Stalking
 5. In a Tree Stand
 6. In a Blind
 7. Target Shooting
 8. _____

Hunting Arm Used:

1. Rifle Cal. _____
 2. Shotgun Gauge _____
 3. Handgun Cal. _____
 4. Bow and Arrow Type _____
 5. Other _____
Shot Size _____
 6. Unknown

Distance of Muzzle to Wound in Yards: (ex. 47 Yds.)
 _____ 1 Unknown

Type of Action:

1. Bolt
 2. Lever
 3. Slide/Pump
 4. Break Hinge
 5. Semi-Automatic
 6. Muzzle Loader
 7. Revolver

Weather and Visibility Was: (Check Only One)

1. Clear
 2. Partly Overcast
 3. Poor
 4. Dark
 5. Unknown

Victim was in: (Check One)

1. Dense Cover
 2. Light Cover
 3. Open Fields
 4. Unknown

Cause of Incident: (Check One (1) ONLY)

<input type="checkbox"/> Unknown	<input type="checkbox"/> Firearm Fell from Insecure Rest
<input type="checkbox"/> Victim Moved in Line of Fire	<input type="checkbox"/> Horseplay with Loaded Firearm
<input type="checkbox"/> Victim Covered by Shooter Swinging on Game	<input type="checkbox"/> Improper Crossing of Obstacles
<input type="checkbox"/> Victim Out of Sight of Shooter	<input type="checkbox"/> Defective Firearm or Bow
<input type="checkbox"/> Shooter Stumbled and Fell	<input type="checkbox"/> Defective Ammunition or Arrows
<input type="checkbox"/> Trigger Caught on Object	<input type="checkbox"/> Obstruction in Barrel
<input type="checkbox"/> Loading Firearm or Bow	<input type="checkbox"/> Stringing Bow
<input type="checkbox"/> Unloading Firearm or Bow	<input type="checkbox"/> Arrow Not Matched to Bow
<input type="checkbox"/> Sharpening or Handling Arrows	<input type="checkbox"/> Ricochet
<input type="checkbox"/> Clubbing Cover or Game	<input type="checkbox"/> Careless Handling
<input type="checkbox"/> Riding with Loaded Firearm	<input type="checkbox"/> Defective Tree Stand
<input type="checkbox"/> Removed Forearm or Bow from, or Placing	<input type="checkbox"/> No and/or improper use of safety belt
<input type="checkbox"/> Firearm or Bow in Vehicle	<input type="checkbox"/> Other

Description of Incident:

Report Completed By _____ Date _____

Please return to: Illinois Department of Natural Resources
 Safety Education Section
 One Natural Resources Way
 Springfield, IL 62702-1271



**Illinois
 Department of
 Natural
 Resources**

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