



Incident Report Number _____

Field Report Number _____

Hunting Incident Report

ILCS 520 5/3.40 All persons involved in a hunting incident resulting in serious personal injury or death from any action directly involved in a hunting activity, must report such incident to the IDNR within five (5) days. All reports shall be submitted to the Illinois Department of Natural Resources, Safety Education Section, One Natural Resources Way, Springfield, IL 62702-1271.

Date of Incident: _____ Time of Day: _____ Day of Week: _____

County: _____ Land Ownership: Public Land Private Outfitter Hunt Club Controlled

Type of Injury: Fatal Minor – Treated and Released
 Non-Fatal Major – Required Hospitalization

Was Injury or Death Self-Inflicted?
 Yes – complete shooter section only.
 No – complete appropriate section.

Were Shooter & Victim Members of Same Hunting Party?
 Yes No Number in Party _____

Could Shooter See Victim?
 Yes No

Shooter Information **Victim Information**

Name _____ Address _____
Street, Route

City _____ State _____ Zip _____

Phone _____ / _____
Area Code Number

Male Female Age _____ Date of Birth ____/____/____

Use Intoxicants Prior to Incident?
 Alcohol: Yes No Medication: Yes No

Licensed: Yes No Apprentice Youth

Years of Hunting Experience: _____ Was Shooter Wearing Hunter Orange?
 Yes No
 Not Required

Was Shooter a Hunter Education Course Graduate?
 Yes No

Years of Hunting Experience: _____ Was Victim Wearing Hunter Orange?
 Yes No
 Not Required

Was Victim a Hunter Education Course Graduate?
 Yes No

Diagram Injuries to Victim: Indicate locations of injuries on anatomical outlines.

Describe Injuries:

FOR OFFICE USE ONLY

County _____ Date _____

Incident Facts

Animal Hunted:

- Deer Coyote Rabbit Goose
 Raccoon Quail Pheasant Dove
 Squirrel Duck Turkey
 Other _____

Type of Hunting Activity Shooter/Victim Was Involved In:

- Driving Game Still Hunting Elevated Stand (Tree)
 Blocker Stalking In a Blind

Tree Stand Related:

- Installing Tree Stand Climbing in/out of Tree Stand
 Sitting in Tree Stand

Hunting Device Used:

- Rifle Cal. _____ Handgun Cal. _____ Cross Bow
 Shotgun Gauge _____ Muzzle Loader Bow-Type
Shot Size _____
 Other _____

Height of Tree Stand:

- 1-10 ft. 11-15 ft. 15-20 ft. 20-25 ft.

Type of Tree Stand:

- Fixed Hang-on Climber Ladder Homemade
 Other _____

Type of Action:

- Bolt Revolver Pump Break Semi-Automatic Lever

Distance of Muzzle to Wound in Yards:

- 0-10 yds. 11-50 yds. 51-100 yds. 101+ yds.

Weather Conditions: (Check One)

- Clear Cloudy Foggy Raining Snowing

Visibility: (Check One)

- Dawn Daylight Dusk

Incident Occurred: (Check One)

- Dense Cover Open Fields Vehicle
 Light Cover Wooded Area Elevated Stand (Tree)

Cause of Incident: (Check all that applies)

- | | | |
|---|---|---|
| <input type="checkbox"/> Victim mistaken for game | <input type="checkbox"/> Using Firearm as a Club | <input type="checkbox"/> Stringing Bow |
| <input type="checkbox"/> Victim Moved in Line of Fire | <input type="checkbox"/> Riding with Loaded Firearm | <input type="checkbox"/> Arrow Not Matched to Bow |
| <input type="checkbox"/> Victim Covered by Shooter Swinging on Game | <input type="checkbox"/> Removing/Placing Firearm or Bow in Vehicle | <input type="checkbox"/> Ricochet |
| <input type="checkbox"/> Victim Out of Sight of Shooter | <input type="checkbox"/> Firearm Fell from Insecure Rest | <input type="checkbox"/> Careless Handling |
| <input type="checkbox"/> Shooter Stumbled and Fell | <input type="checkbox"/> Horseplay with Loaded Firearm | <input type="checkbox"/> Defective Tree Stand |
| <input type="checkbox"/> Trigger Caught on Object | <input type="checkbox"/> Improper Crossing of Obstacles | <input type="checkbox"/> No and/or improper use of safety harness |
| <input type="checkbox"/> Loading Firearm or Bow | <input type="checkbox"/> Defective Firearm or Bow | <input type="checkbox"/> Improper use of tree stand |
| <input type="checkbox"/> Unloading Firearm or Bow | <input type="checkbox"/> Defective Ammunition or Arrows | <input type="checkbox"/> Failure to inspect treestand or safety harness |
| <input type="checkbox"/> Sharpening or Handling Arrows | <input type="checkbox"/> Obstruction in Barrel | |
| <input type="checkbox"/> Other _____ | | |

Description of Incident:

Report completed by: _____ Date _____

All reports shall be submitted to:



Illinois
Department of
**Natural
Resources**

IDNR
Safety Education Section
One Natural Resources Way
Springfield, IL 62702-1271

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271, 217-785-0067; TTY 217-782-9175. This information may be provided in an alternative format if required. Contact the DNR Clearinghouse at 217-782-7498 for assistance.