

FIREARMS INCIDENT REPORT



In accordance with Minnesota Statutes 626.553, the Commissioner of Natural Resources has prepared this report form. To comply with M.S. 626.553, officers investigating any accidental shooting or gunshot wound that was caused by an action connected with the activity of hunting or shooting, will complete this form. Information compiled from this form is used to curb and reduce accidental shootings and deaths. This report and supplemental investigative reports shall be mailed within 48 hours of the incident. Questions should be directed to the Education Coordinator at **1-800-366-8917**.

<input type="checkbox"/> Hunting
<input type="checkbox"/> Self-Inflicted
<input type="checkbox"/> Non-Hunting
<input type="checkbox"/> Other

FORWARD REPORT TO: MN Department of Natural Resources
 Enforcement – Safety Training Section
 15011 Hwy 115
 Little Falls, MN 56345-4173

Department/Agency		Investigating Officer & Badge #	
Address (Street, box #, City, State, Zip)		Telephone:	
		Email:	
Date of Incident (mm/dd/yyyy)	Time of Incident (military)	Type of Casualty <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal	County
Location of Incident <input type="checkbox"/> Private Land/waters <input type="checkbox"/> Public Land/waters	GPS Coordinates (If known) Lat _____ Long _____	Dept./Agency ICR Number	Photos taken of: <input type="checkbox"/> Scene <input type="checkbox"/> Victim <input type="checkbox"/> Firearm

Shooter Information

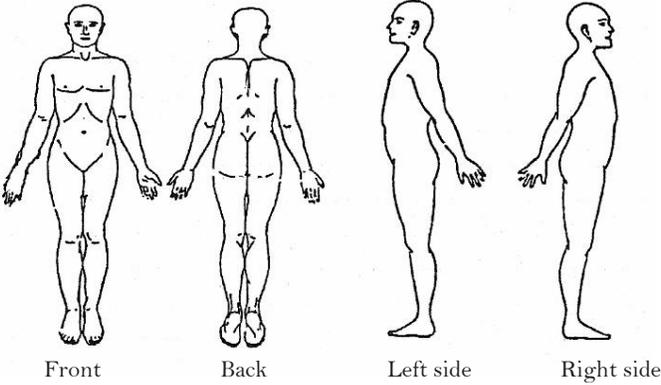
Full Legal Name (Last, First, Middle)		Address (Street, Box #, City, State, Zip)		Age
DL#	Date of Birth (mm/dd/yyyy) / /	Years of firearms experience	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
DNR Firearms Safety Certification <input type="checkbox"/> No <input type="checkbox"/> Yes - Year taken: _____ <input type="checkbox"/> Advanced Hunter Ed	Education Level <input type="checkbox"/> Did not graduate <input type="checkbox"/> GED/High School <input type="checkbox"/> College	Color of clothing worn (description) <input type="checkbox"/> Hat: _____ <input type="checkbox"/> Coat/Vest: _____ <input type="checkbox"/> Trousers: _____ Examples: Blaze Orange/Blaze Orange-Camo/Camo/Drab/Red/Blue/Brown		
Type of activity shooter was involved in: <input type="checkbox"/> Hunting <input type="checkbox"/> Target Practice <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Sporting clays <input type="checkbox"/> Skeet/trap <input type="checkbox"/> Training <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Type of activity victim was involved in: <input type="checkbox"/> Hunting <input type="checkbox"/> Target Practice <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Sporting clays <input type="checkbox"/> Skeet/trap <input type="checkbox"/> Training <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Incident involved Alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes BAC: _____ <input type="checkbox"/> Pending <input type="checkbox"/> Unknown	Incident involved Drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Illegal drug Type: _____ <input type="checkbox"/> Unknown	

Firearm Information

Type of Firearm <input type="checkbox"/> Rim fire rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Handgun <input type="checkbox"/> Center fire rifle <input type="checkbox"/> Pellet/BB gun <input type="checkbox"/> Inline Muzzleloader <input type="checkbox"/> Side lock Muzzleloader <input type="checkbox"/> Other: _____			
Action Type: <input type="checkbox"/> Bolt <input type="checkbox"/> Lever <input type="checkbox"/> Semi Auto <input type="checkbox"/> Pump <input type="checkbox"/> Revolver <input type="checkbox"/> Slide <input type="checkbox"/> Single <input type="checkbox"/> Hinge <input type="checkbox"/> Other: _____			
Brand/Make	Model	Serial Number	Caliber/Gauge
Ammunition was: <input type="checkbox"/> Factory Load <input type="checkbox"/> Reload <input type="checkbox"/> Unknown	Projectile type: <input type="checkbox"/> Shot Size: _____ <input type="checkbox"/> Shotgun Slug <input type="checkbox"/> Bullet <input type="checkbox"/> Other: _____	Projectile is a: <input type="checkbox"/> Fine Shot: _____ <input type="checkbox"/> Sabot <input type="checkbox"/> Other: _____	Safety position at the time of discharge was: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Defective <input type="checkbox"/> Unknown

FIREARMS INCIDENT REPORT

Victim Information

Full Legal Name (Last, First, Middle)		Address (Street, box #, City, State, Zip)		Age
DL#	Date of Birth (mm/dd/yyyy) / /	Years of Firearms experience	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
DNR Firearms Safety Certification <input type="checkbox"/> No <input type="checkbox"/> Yes - Year taken: _____ <input type="checkbox"/> Advanced Hunter Ed	Education Level <input type="checkbox"/> None <input type="checkbox"/> GED/High School <input type="checkbox"/> College	Color of clothing worn (description) <input type="checkbox"/> Hat: _____ <input type="checkbox"/> Coat/Vest: _____ <input type="checkbox"/> Trousers: _____ Examples: Blaze Orange/Blaze Orange-Camo/Camo/Drab/Red/Blue/Brown		
Victim was in: <input type="checkbox"/> Dense cover/vegetation <input type="checkbox"/> Wooded <input type="checkbox"/> Standing crop <input type="checkbox"/> Open field <input type="checkbox"/> Vehicle <input type="checkbox"/> Elevated Position <input type="checkbox"/> Ground Blind <input type="checkbox"/> Other: _____	Victim out of sight from shooter? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Victim hospitalized as: <input type="checkbox"/> In- patient <input type="checkbox"/> Out-patient	Incident involved Drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Illegal drug <input type="checkbox"/> Type: _____ <input type="checkbox"/> Unknown	
		Incident involved Alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> BAC: _____ <input type="checkbox"/> Pending <input type="checkbox"/> Unknown		
				Victim injuries (describe):
<p>Mark approximate entrance/exit wounds location(s) on the diagram. Include cuts, bruising, and amputation locations. Describe in victim injuries box.</p>				

Incident Information

Weather: <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Ice <input type="checkbox"/> Light Snow <input type="checkbox"/> Heavy Snow <input type="checkbox"/> Fog <input type="checkbox"/> Temperature (f): _____ <input type="checkbox"/> Wind mph: _____ <input type="checkbox"/> Wind direction: _____		Type of Terrain: <input type="checkbox"/> Wooded <input type="checkbox"/> Open field <input type="checkbox"/> Wetland <input type="checkbox"/> Lake <input type="checkbox"/> Standing Crops <input type="checkbox"/> Hillside <input type="checkbox"/> Other: _____		Distance shooter from victim in yards: <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 21 or more: _____	
Light Conditions: <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Nighttime	Legal times: Sunrise: _____ Sunset: _____ Sunrise/Sunset tables available in hunting regulations handbook	Incident occurred on: <input type="checkbox"/> Water – river, stream, lake, marsh <input type="checkbox"/> Road right-of-way <input type="checkbox"/> Railroad right-of-way <input type="checkbox"/> Other: _____		Criminal Charges: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Property damage: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Describe: _____

