

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

**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:	
Date of Incident (mm/dd/yyyy)		Email:	
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

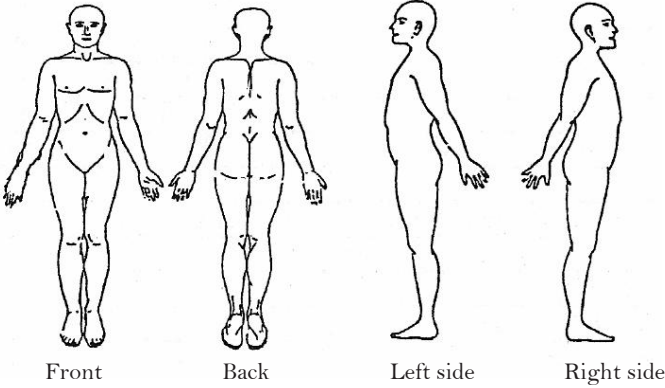
Full Legal Name (Last, First, Middle)		Address (Street, Box #, City, State, Zip)		Age
DL#	Date of Birth (mm/dd/yyyy) / /	Years of firearms experience	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
DNR Firearms Safety Certification <input type="checkbox"/> No <input type="checkbox"/> 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 <b>shooter</b> 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 <b>victim</b> 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		
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: _____

# FIREARMS INCIDENT REPORT

## Hunting Information

Were they members of a hunting party? <b>Shooter</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Victim</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Members of same hunting party? <input type="checkbox"/> Yes  <input type="checkbox"/> No	Number in party? Shooter _____  Victim _____	Animal hunted by shooter: <input type="checkbox"/> Deer <input type="checkbox"/> Bear <input type="checkbox"/> Moose <input type="checkbox"/> Turkey <input type="checkbox"/> Grouse <input type="checkbox"/> Pheasant <input type="checkbox"/> Dove <input type="checkbox"/> Waterfowl <input type="checkbox"/> Squirrel <input type="checkbox"/> Rabbit <input type="checkbox"/> Fox <input type="checkbox"/> Raccoon <input type="checkbox"/> Crow <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input type="checkbox"/> Woodchuck <input type="checkbox"/> Other: _____
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## Contributing Factors

**Most important contributing factor(s) - List most important factor as "1" in box and 2<sup>nd</sup> factor if present as "2":**

_____ Victim moved in line of fire	_____ Drop firearm
_____ Dog (foot/paw discharged firearm)	_____ Heart Failure
_____ Careless/reckless handling of firearm	_____ Discharge firearm from in/on a vehicle
_____ "Horse play" - Didn't know it was loaded	_____ Removing firearm from or placing in vehicle
_____ Failure to check beyond target	_____ Quick Draw
_____ Victim covered by shooter swinging on game	_____ Riding in vehicle with loaded firearm
_____ Improper crossing of obstacle with loaded firearm	_____ Clubbing game with firearm
_____ Victim out of sight of shooter	_____ Cleaning firearm
_____ Victim in line of fire	_____ Firearm fell from insecure rest
_____ Loading firearm	_____ Fall from Elevated Stand
_____ Failure to identify target (Mistaken for game)	_____ Ricochet
_____ Unloading firearm	_____ Hypothermia
_____ Shooter stumbled and fell	_____ Shooting across/from roadway
_____ Defective firearm ammunition	_____ Obstruction of barrel
_____ Run with loaded firearm	_____ Other: _____
_____ Defective firearm	_____ Ascending elevated stand - <b>please complete page 4</b>
_____ Trigger caught on brush or other object	_____ Descending elevated stand - <b>please complete page 4</b>
_____ Improper ammunition used/wrong caliber or gauge	

Describe incident in detail explaining cause: \_\_\_\_\_ Incident Report attached

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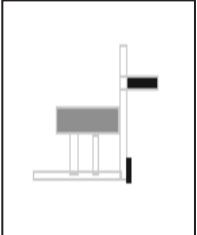

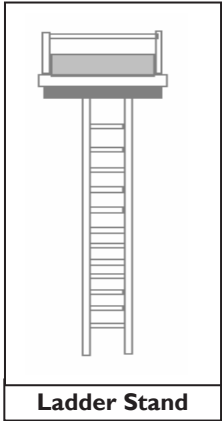
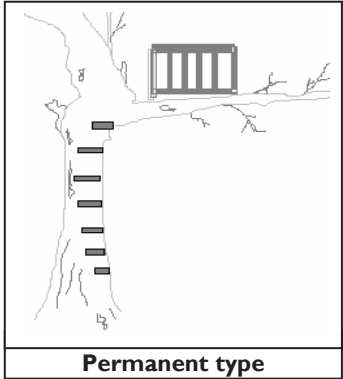
**\*Complete next page only if incident involved ELEVATED STAND**

# FIREARMS INCIDENT REPORT

## ***Elevated Stand Incident Only***

Disregard this page if incident ***does not*** involve elevated stand

### Incident Information

<p><b>Fall while climbing into or out of elevated position (check all that apply):</b></p> <p><input type="checkbox"/> Not applicable  <input type="checkbox"/> Safety harness not in use  <input type="checkbox"/> Lost balance of footing    <input type="checkbox"/> Slipped  <input type="checkbox"/> Equipment failure        <input type="checkbox"/> Step Broke    <input type="checkbox"/> Ladder/climber failed  <input type="checkbox"/> Other: _____</p>	<p><b>Fall while in stand (check all that apply):</b></p> <p><input type="checkbox"/> Not applicable  <input type="checkbox"/> Ascending    <input type="checkbox"/> Descending  <input type="checkbox"/> Safety harness not in use  <input type="checkbox"/> Moving/repositioning/loss balance    <input type="checkbox"/> Fell asleep  <input type="checkbox"/> Stand component piece failure (See <i>stand component failed</i> section)  <input type="checkbox"/> Other: _____</p>	
<p><b>Type of safety harness worn (check all that apply):</b></p> <p><input type="checkbox"/> Single belt  <input type="checkbox"/> Chest  <input type="checkbox"/> Full body  <input type="checkbox"/> None</p> <p>Use of a haul line?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<p><b>Approximate # of feet of fall:</b></p> <p><input type="checkbox"/> 1-5    <input type="checkbox"/> 6-9  <input type="checkbox"/> 10-15    <input type="checkbox"/> 16-20  <input type="checkbox"/> 21- 30  <input type="checkbox"/> 31 or more: _____</p>	<p><b>Harness Failure (check all that apply):</b></p> <p><input type="checkbox"/> Not applicable  <input type="checkbox"/> Malfunction of buckle/strap  <input type="checkbox"/> Improper fit/size    <input type="checkbox"/> Directions not followed  <input type="checkbox"/> Stitching/material broke    <input type="checkbox"/> Frayed  <input type="checkbox"/> Other: _____</p>
<h3 style="margin: 0;">Type of Elevated Stand</h3>		
<p><b>Elevated stand type (check all that apply):</b></p> <p><input type="checkbox"/> Manufactured <b>tripod</b></p> <p>Brand/model: _____</p> <p><input type="checkbox"/> Manufactured <b>climbing</b></p> <p>Brand/model: _____</p> <p><input type="checkbox"/> Manufactured <b>lock on</b> (chain or fabric strap anchors)</p> <p>Brand/model: _____</p> <p><input type="checkbox"/> Homemade climbing  <input type="checkbox"/> Homemade lock on  <input type="checkbox"/> Metal    <input type="checkbox"/> Wood    <input type="checkbox"/> Plastic</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">   <b>Lock on</b> </div> <div style="text-align: center;">   <b>Tripod</b> </div> </div>	<p><b>Elevated stand type (check all that apply):</b></p> <p><input type="checkbox"/> Manufactured <b>ladder</b></p> <p>Brand/model: _____</p> <p><input type="checkbox"/> Homemade <b>ladder</b></p> <p><input type="checkbox"/> Metal    <input type="checkbox"/> Plastic    <input type="checkbox"/> Wood</p> <div style="text-align: center; margin-top: 20px;">   <b>Ladder Stand</b> </div>	<p><b>Elevated stand type (check all that apply):</b></p> <p><input type="checkbox"/> Manufactured <b>permanent</b></p> <p>Brand/model: _____</p> <p><input type="checkbox"/> <b>Homemade</b> permanent</p> <p><input type="checkbox"/> Wood    <input type="checkbox"/> Metal    <input type="checkbox"/> Plastic  <input type="checkbox"/> Built on tree    <input type="checkbox"/> Platform    <input type="checkbox"/> Enclosed (4 sided)  <input type="checkbox"/> Built on independent structure/tripod  <input type="checkbox"/> Other: _____</p> <div style="text-align: center; margin-top: 20px;">   <b>Permanent type</b> </div>
<p><b>Stand component failed due to:</b></p> <p><input type="checkbox"/> Metal fatigue/bent  <input type="checkbox"/> Fastener(s) broke/pulled out  <input type="checkbox"/> Wood decayed  <input type="checkbox"/> Other: _____</p> <p><b>Attachment straps failed:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Stand component failed due to:</b></p> <p><input type="checkbox"/> Metal fatigue/bent  <input type="checkbox"/> Fastener(s) broke/pulled out  <input type="checkbox"/> Wood decayed  <input type="checkbox"/> Other: _____</p> <p><b>Attachment straps failed:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Stand component failed due to:</b></p> <p><input type="checkbox"/> Wood decayed  <input type="checkbox"/> Fasteners broke/pulled out  <input type="checkbox"/> Wood broke on platform/rails  <input type="checkbox"/> Wood broke on steps  <input type="checkbox"/> Improper construction  <input type="checkbox"/> Other: _____</p>
<p>Other related equipment/component failure:</p>		