



Texas Parks and Wildlife Hunting Accident and Incident Report Form

☐ Fatal☒ Non-Fatal

Report Number: _____

(will be assigned in Austin)


INSTRUCTIONS TO GAME WARDEN:

This form is to be used for reporting all accidents/incidents arising from hunting, firearms or bow related activities classified as follows:

- An accident/incident resulting from the discharge of a firearm or bow while hunting, which causes the injury or death of any person(s).
- An accident/incident while hunting, not involving the discharge of a firearm or bow, which causes the injury or death of any person(s).
- Any other accidents/incidents resulting from the discharge of a firearm or bow, which causes the injury or death of any person(s), other than while hunting.

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

Items marked with an asterisk are annually reported to the International Hunter Education Association, the organization responsible for compiling data from throughout North America.

I. *State/Province: <u>Texas</u>		Location: <u>Armstrong Ranch</u>	
County/Park: <u>Kroger</u>	Date: <u>02/11/2006</u>	Time of Day: <u>4:30 pm</u>	
Day of season: _____	Description of Injury: <u>Shotgun wound to right side of face, neck and chest.</u>		
			
II. *Classification of Accidents (see above)			
*Type of Casualty:		<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> C	
Report submitted by:		<input checked="" type="checkbox"/> A <input type="checkbox"/> B	
Were shooter & victim members of same party?		<input checked="" type="checkbox"/> Non-fatal <input type="checkbox"/> Fatal	
Relationship of victim(s) to shooter:		<input checked="" type="checkbox"/> Other <input type="checkbox"/> Sheriff's Dept.	
*Was injury or death self-inflicted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
*Type of Firearm:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Shotgun* <input type="checkbox"/> Rifle* <input type="checkbox"/> Bow* <input type="checkbox"/> Crossbow* <input type="checkbox"/> Unknown*			
Type of Action:		<input type="checkbox"/> Semi-Auto <input type="checkbox"/> Pump <input type="checkbox"/> Revolver <input type="checkbox"/> Other	
Miscellaneous:		<input type="checkbox"/> Perpetrator <input type="checkbox"/> Model: <u>Brescia</u> <input type="checkbox"/> Serial: <u>112285</u>	
Sights used:		<input type="checkbox"/> No <input type="checkbox"/> Relative <input type="checkbox"/> Other:	
Safety Position:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Increased used:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
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<input type="checkbox"/> Shotgun* <input type="checkbox"/> Rifle* <input type="checkbox"/> Bow* <input type="checkbox"/> Crossbow* <input type="checkbox"/> Unknown*			
Type of Action:		<input type="checkbox"/> Semi-Auto <input type="checkbox"/> Pump <input type="checkbox"/> Revolver <input type="checkbox"/> Other	
Miscellaneous:		<input type="checkbox"/> Perpetrator <input type="checkbox"/> Model: <u>Brescia</u> <input type="checkbox"/> Serial: <u>112285</u>	
Sights used:		<input type="checkbox"/> No <input type="checkbox"/> Relative <input type="checkbox"/> Other:	
Safety Position:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Increased used:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Type of Firearm:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
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