



Harney County Sheriff's Office

David M Ward, Sheriff

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FACSIMILE TRANSMITTAL SHEET

TO:	Myrna Britton	FROM:	Chris Nisbet
COMPANY:		DATE:	5/24/16
FAX NUMBER:	(503) 947-6009	TOTAL NO. OF PAGES INCLUDING COVER:	07
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:		YOUR REFERENCE NUMBER:	
NOTES/COMMENTS:			

Oregon Hunting and Hunting Related Accident Report

Report Number: 1604068

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

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

*Location: Catlow Valley
 County: Harney Date: 4/21/16 Time of Day: 1615 Day of Season: _____
 Description of Injuries: Bullet hole (small caliber) Lower Left back.

Land Ownership: Public Private *Classification of Accident: A B C
 *Type of Casualty: Fatal Non-fatal Report submitted by: Shooter Other:
 Were shooter and victim in same party? Yes No Number of persons in party: 07
 *Was injury or death self-inflicted? Yes No
 *Type of Weapon: Shotgun Rifle Handgun Muzzleloader Bow Crossbow Unknown Other:
 Type of Action: Revolver Bolt Lever Semi-Auto Pump Other:
 Miscellaneous: Caliber: 22 Draw Weight: _____ Make: _____ Model: _____ Serial #: _____
 Sights used: Open Scope Peep Ammunition: Reload Military Factory
 Safety Position: On Off Unknown No Safety Treestand Used: Yes (Homemade Factory) No

If self-inflicted, supply only SHOOTER information below, otherwise supply both SHOOTER and VICTIM information below.

SHOOTER				VICTIM			
Name: <u>O'Dea, Lawrence P.</u>				Name: <u>Demsey, Robert L.</u>			
Address: <u>23012 S. Beaver Creek Rd</u>				Address: _____			
City: <u>Beaver Creek</u>		State: <u>OR</u>		City: <u>Eagle Creek</u>		State: <u>OR</u>	
Zip: <u>97004</u>		DOB: <u>6/11/62</u>		Zip: <u>97022</u>		DOB: <u>2/17/62</u>	
Telephone #: _____ *Age: <u>53</u>				Telephone #: _____ *Age: <u>54</u>			
Hunting License #: <input type="checkbox"/> N/A				Hunting License #: <input type="checkbox"/> N/A			
Years Hunting Experience: _____		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Years Hunting Experience: _____		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Under the apparent influence of intoxicants or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				Under the apparent influence of intoxicants or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Hunter Education Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				Hunter Education Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
State in which certified: _____		Certificate #: _____		State in which certified: _____		Certificate #: _____	
*Game law violated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				*Game law violated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If so, what section? _____				If so, what section? _____			
Other laws violated? _____				Other laws violated? _____			
Shooter involved in hunting related activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Shooter involved in hunting related activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Check the appropriate box below:				Check the appropriate box below:			
Clothing Worn	Cap	Coat/Vest	Trousers	Clothing Worn	Cap	Coat/Vest	Trousers
Blaze Orange				Blaze Orange			
Red				Red			
Brown	X		X	Brown			
Blue or Green				Blue or Green			
Camo (not Camo-orange)				Camo (not Camo-orange)			
Other?				Other?			

Attachments: Continuation Photos Drawings Shooter's Statement Victim's Statement Witness' Statement
 Other

Witness Name	Address	City	State/Zip	Telephone
Stephen Buchtel		Vancouver	Wa 98665	
Brian Carroll		Gresham	OR 97080	
Michael Lieb		Estacada	OR 97023	
James Miller	17	Beverly Hills	OR 97004	
Jeffrey Purvis	100	Milwaukie	OR 97222	

*ANIMAL BEING HUNTED BY SHOOTER? Antelope Bear Bobcat Chukar Coyote Crow Deer
 Duck/Geese Dove/Pigeon Elk Fox Grouse Rabbit Non-game birds and mammal Pheasant
 Quail Raccoon/Opossum Squirrel Turkey Wild Boar Other Upland Game Birds Other Small Game
 Other:

MISCELLANEOUS FACTORS

Topography: (Check one only) Hilly Flat Unknown
 Visibility: (Check one only) Good Fair Poor Unknown
 Type of cover: (Check one only) Open Light Medium Dense Unknown
 Lighting: (Check one only) Sunny Overcast Dawn Dusk Dark Unknown
 Weather: (Check one only) Clear Calm Windy Rain Snow Fog Unknown
 Distance from muzzle to victim in yards: 0-10 11-50 51-100 101+ Unknown

***CONTRIBUTING FACTORS**

Mark major factor with an X. Mark additional factors with an A.

Hunters Judgment Factors <input type="checkbox"/> Victim moved into line of fire <input type="checkbox"/> Victim covered by shooter who was swinging on game <input type="checkbox"/> Victim out of sight of shooter <input type="checkbox"/> Victim mistaken for game Skill and Aptitude Factors <input type="checkbox"/> Trigger caught on object <input type="checkbox"/> Loading firearm <input type="checkbox"/> Unloading firearm <input type="checkbox"/> Improper crossing of obstacle <input type="checkbox"/> Dropped firearm <input checked="" type="checkbox"/> Careless handling of firearm <input type="checkbox"/> Shooter stumbled and fell	Safety Violations <input type="checkbox"/> Running/walking with loaded firearm <input type="checkbox"/> Removing/placing a firearm in vehicle <input type="checkbox"/> Using firearm as a club <input type="checkbox"/> Discharge firearm in/on vehicle <input type="checkbox"/> Firearm fell from insecure rest <input type="checkbox"/> Shooting from/across roadway <input type="checkbox"/> "Horseplay" while hunting <input checked="" type="checkbox"/> Apparent use of intoxicants/drugs	Miscellaneous factors <input type="checkbox"/> Fall from watercraft <input type="checkbox"/> Improper powder substitution <input type="checkbox"/> Mixed Ammo/Incorrect substitution <input checked="" type="checkbox"/> Faulty Equipment <input type="checkbox"/> Ricochet <input type="checkbox"/> Obstruction in barrel <input type="checkbox"/> Other: Treestand Related Factors <input type="checkbox"/> Fall while climbing into or out of position <input type="checkbox"/> Failure to use haul line <input type="checkbox"/> Failure to use safety belt/harness
Archery Related Factors <input type="checkbox"/> Arrow not matched to bow <input type="checkbox"/> Careless handling of bow/arrow <input type="checkbox"/> Carrying a nocked arrow <input type="checkbox"/> Defective bow or arrow <input type="checkbox"/> Stringing bow		

Summary: See Attached.


 Investigator's Signature

Deputy
 Title

5/24/16
 Date of Report
 Rev 3/08