HUNTING OR TRAPPING ACCIDENT

1 Information on the applicant							
Surname of holder				Given name of holder			
Address						Age	
Town or municipality				Province		Postal code	
Telephone number	ext.	Cell phone number			Licence number		
Employer		1		Occupation			
Name and address of the claiman	t (if the holder is decease	ed)					
2 Information on	the accident						
Date	Time	M PM Locat	ion				
Describe the accident							
3 Injuries or dan	nages to anoth	er person					
Surname			Given nam	ne		A	\ge
Address						Telephone	
Nature of damages or injuries							
Employer				Occupation			
4 Witnesses to the	he accident						
Surname			Given nam	ne			
Address						Telephone	
Surname			Given nam	е			
Address		à				Telephone	
						1	
Signature						Date	
						1	

CERTIFICATE OF THE ATTENDING PHYSICIAN

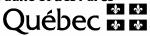
(TO BE OBTAINED AT THE CLAIMANT'S EXPENSE)

N.B. - THIS CERTIFICATE MUST BE COMPLETED IN ALL CASES INVOLVING A REQUEST FOR COMPENSATION

PATIENT'S NAME
NATURE OF THE INJURIES
INDICATE COMPLICATIONS, IF ANY
DID THE ACCIDENT VICTIM SUFFER FROM A PHYSICAL DEFORMITY PRIOR TO THE ACCIDENT?
NAME OF THE HOSPITAL WHERE THE CARE WAS PROVIDED
WILL THE RESULT BE A TOTAL AND PERMANENT DISABILITY?
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THIS REPORT IS ACCURATE:
Signed in this day of
Location Day Month Year
Signature of the physician

In cases involving death, please provide the following documents:

- 1. Death certificate
- 2. Receipts indicating payment of provincial and federal estate tax



APPENDIX 1 ADDITIONNAL DETAILS of the form HUNTING OR TRAPPING ACCIDENT

Nar	ne of the victim (if it is different from the licence holder):						
Add	ress:						
Loc	ation of the accident:						
Α	ACCIDENT INVOLVING A HUNTING WEAPON:						
1.	Weapon involved:						
	Shotgun Black powder firearm						
	Bow Crossbow Unknown						
	The first No. (1)						
2.	Type of accident: Fatal Non-fatal						
	Victim of another hunter Victim of own shot						
3.	Hunted animal:						
4.	Age of shooter:						
5.	Was the victim wearing an orange safety vest? Yes Information not available						
	No Information not applicable						
6.	Cause of the accident:						
	6.1 Firearm						
	■ Victim entered the line of fire ■ Use of weapon as a bludgeon						
	Shot fired at moving game Shot from a vehicule						
	Shot fired outside the shooter's field of vision Inadequate quantity or type of powder (black powder)						
	Loading of firearm Discharge caused by an object Careless handling of firearm Defective firearm or cartridge						
	Unloading of firearm Shot fired across a road						
	Crossed through an obstacle Poor choice of ammunition						
	Firearm dropped on the ground Loaded firearm leaning against an object						
	Loaded weapon in a vehicule Fall or loss of footing by the shooter Ricochet Other (specify):						
	Running with a loaded weapon						
	Unknown						
	6.2 Bow and crossbow						
	Inappropriate arrow Defective bow or crossbow						
	Careless handling of a bow or crossbow Defective arrow						
	Careless handling of arrows Unknown Movement with arrow nocked Other (specify):						

B ACCIDENT NOT INVOLVING A H	UNTING WEA	PON:	
	Fatal	Non-fatal	
Drowning	ı ataı	Non-rata	
Drowning Injury with a knife			
Fall from a tree stand			
Other (specify):			
-	_	_	
Comments on the type of injuries:			
	PLI	EASE SEND THIS DOCUMENT	
By Email: dpex.pfq@mffp.gouv.qc.ca			
By mail: Ministère de l'Environnement, de la	Lutte contre les	s Changements Climatiques, de la	Faune et des Parcs
Direction des partenariats et de l'ex	kpertise	, ,	
880, Chemin Sainte-Foy, RC80 QUÉBEC (Québec) G1S 4X4			
QUEBEC (Quebec) G15 4X4			
Completed by:			Date: