

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		Occupation	
Name and address of the claimant (if the holder is deceased)			

2 Information on the accident

Date	Time ■ AM ■ PM	Location
Describe the accident		

3 Injuries or damages to another person

Surname	Given name	Age
Address		Telephone
Nature of damages or injuries		
Employer		Occupation

4 Witnesses to the accident

Surname	Given name
Address	
Telephone	
Surname	Given name
Address	
Telephone	

Signature	Date
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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 _____ <div>LocationDayMonthYear</div> <div>Signature of the physician</div>

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

Name of the victim (if it is different from the licence holder):

Address:

Location of the accident:

A ACCIDENT INVOLVING A HUNTING WEAPON:

1. Weapon involved:

- | | | |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Rifle | <input type="checkbox"/> Black powder firearm |
| <input type="checkbox"/> Bow | <input type="checkbox"/> Crossbow | <input type="checkbox"/> Unknown |

2. Type of accident:

- | | Fatal | Non-fatal |
|--------------------------|--------------------------|--------------------------|
| Victim of another hunter | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim of own shot | <input type="checkbox"/> | <input type="checkbox"/> |

3. Hunted animal:

4. Age of shooter:

5. Was the victim wearing an orange safety vest?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Information not available |
| <input type="checkbox"/> No | <input type="checkbox"/> Information not applicable |

6. Cause of the accident:

6.1 Firearm

- | | |
|---|---|
| <input type="checkbox"/> Victim entered the line of fire | <input type="checkbox"/> Use of weapon as a bludgeon |
| <input type="checkbox"/> Shot fired at moving game | <input type="checkbox"/> Shot from a vehicle |
| <input type="checkbox"/> Shot fired outside the shooter's field of vision | <input type="checkbox"/> Inadequate quantity or type of powder (black powder) |
| <input type="checkbox"/> Loading of firearm | <input type="checkbox"/> Careless handling of firearm |
| <input type="checkbox"/> Discharge caused by an object | <input type="checkbox"/> Defective firearm or cartridge |
| <input type="checkbox"/> Unloading of firearm | <input type="checkbox"/> Shot fired across a road |
| <input type="checkbox"/> Crossed through an obstacle | <input type="checkbox"/> Poor choice of ammunition |
| <input type="checkbox"/> Firearm dropped on the ground | <input type="checkbox"/> Loaded firearm leaning against an object |
| <input type="checkbox"/> Loaded weapon in a vehicle | <input type="checkbox"/> Ricochet |
| <input type="checkbox"/> Fall or loss of footing by the shooter | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Running with a loaded weapon | |

☐ Unknown

6.2 Bow and crossbow

- | | |
|---|--|
| <input type="checkbox"/> Inappropriate arrow | <input type="checkbox"/> Defective bow or crossbow |
| <input type="checkbox"/> Careless handling of a bow or crossbow | <input type="checkbox"/> Defective arrow |
| <input type="checkbox"/> Careless handling of arrows | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Movement with arrow nocked | <input type="checkbox"/> Other (specify): |

B ACCIDENT NOT INVOLVING A HUNTING WEAPON:

	Fatal	Non-fatal
Drowning	<input type="checkbox"/>	<input type="checkbox"/>
Injury with a knife	<input type="checkbox"/>	<input type="checkbox"/>
Fall from a tree stand	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
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Comments on the type of injuries:**PLEASE SEND THIS DOCUMENT****By Email:** dpex.pfq@mffp.gouv.qc.ca**By mail:** Ministère de l'Environnement, de la Lutte contre les Changements Climatiques, de la Faune et des Parcs
Direction des partenariats et de l'expertise
880, Chemin Sainte-Foy, RC80
QUÉBEC (Québec) G1S 4X4

Completed by:

Date: