

HUNTING OR TRAPPING ACCIDENT

Name of holder : _____ Age : _____

Address : _____

Licence number: _____ Telephone number : _____

Occupation : _____ Employer : _____

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

ACCIDENT	Date : _____	Place :
	Time : _____ AM _____ PM	
Describe the accident :		

INJURIES OR DAMAGES TO ANOTHER PERSON	Name: _____	Age : _____
	Address : _____	Tel. : () _____
	Nature of damages or injuries :	
	Employer : _____	Occupation : _____
WITNESSES TO THE ACCIDENT	Name : _____	Telephone : () _____
	Address : _____	
	Name : _____	Telephone : () _____
	Address : _____	

Date : _____ Signed: _____

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

CERTIFICATE OF THE ATTENDING PHYSICIAN

(TO BE OBTAINED AT THE CLAIMANT'S EXPENSE)

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 _____ TH _____ DAY OF _____
AT : _____ PLACE IS _____ MONTH _____ YEAR

SIGNATURE OF THE PHYSICIAN

IN CASES INVOLVING DEATH, ALL CLAIMS MUST INCLUDE:

- 1. DEATH CERTIFICATE**
- 2. RECEIPTS INDICATING PAYMENT OF PROVINCIAL AND FEDERAL ESTATE TAX**



Direction du soutien aux opérations

HUNTING OR TRAPPING ACCIDENT (more details)

Name of the victim : _____

Address: _____

Date and hour of the accident : _____

Location of the accident : _____

A) **ACCIDENT INVOLVING A HUNTING WEAPON :**

1. **Weapon involved :**

- Shotgun Rifle Black power firearm
- Bow Crossbow Unknow

2. **Type of accident :**

Fatal

Non fatal

Victim of another hunter

Victim of his own shot

3. **Animal hunted:** _____

4. **Age of shooter :** _____

5. **Was the victim wearing an orange safety vest ? :**

- Yes No Information not available Information not applicable

6. **Cause of the accident :**

6.1 Firearm

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

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 (clarify) |

B) ACCIDENT INVOLVING NO HUNTING WEAPON : **Fatal** **Non fatal**

- | | |
|--|--|
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Fall from a raised hide |
| <input type="checkbox"/> Injury with a knife | <input type="checkbox"/> Other (clarify) |

COMMENTS ON THE TYPE OF INJURIES :

Sign : _____

Date : _____

PLEASE RETURN TO :

Ministère des Forêts, de la Faune et des Parcs
Direction des enquêtes, du renseignement et de la technologie
880, chemin Sainte-Foy, RC-80
Québec (Québec) G1S 4X4