

## 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 :**

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Rifle    | <input type="checkbox"/> Black power firearm |
| <input type="checkbox"/> Bow     | <input type="checkbox"/> Crossbow | <input type="checkbox"/> 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 ? :**

- |                              |                             |  |   |
|------------------------------|-----------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Information not available | <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"/> Running with a loaded weapon                         |
| <input type="checkbox"/> Unknown  | <input type="checkbox"/> 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 :**

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Sign : \_\_\_\_\_

Date : \_\_\_\_\_

**PLEASE RETURN TO :**  
  
Line Lachance  
Ministère des Ressources naturelles  
et de la Faune  
Direction de la coordination des opérations, du développement et de la  
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