

FORM 54
[Sec Rule 150(a) and (2)]
Accident Information Report

1. Name of the Police Station: Kalimpong PS (Reang P.P.)
2. CR. No. /Traffic Accident Report: Kalimpong PS case No. 291/2021 Dt. 05/12/2021 U/S 185 M.V.Act IPC
3. Date, Time and Place of the accident: On 04/12/21 at about 23.00 Hrs at 29th Mile, N.H-10, P.S. Kalimpong, Dist. Kalimpong.
4. Name and full address of the injured / deceased: Details of Injured persons: NIL
5. Name of the hospital to which he/she was removed: NIL.
6. Registration Number of vehicle and the type of the vehicle: (01) WB 74 1135 S-PRESSO. (02) WB AX 9984 WagonR.
7. Driving License particulars: NIL.
8. Name and address of the owner of the vehicles: (01) 74AX/9984 (Wagon-R) Purendra Kr Prasad S/O-Shivaji Prasad of West Pendam Sikkim-737136.
9. Name and address of the Insurance Company with whom the vehicle was insured and the particulars of the Divisional Officer of the said insurance company at time of the accident: NIL.
10. Registration particulars of the vehicle (Class of vehicles): (1) Registration No. 74AX/9984 And 2)WB74/1135 (.)
11. Route Permit Particulars: ---.
12. Action taken if any, and the result thereof: Registered Kalimpong PS Case No.291/2021 Dt. 05/12/21 U/S 279/427 IPC.