

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. 16/22  
Dt.24.01.2022
3. Date, Time and Place of the accident: On 23.01.2022 at about 20:00 at  
near Rambh Line Hotel, NH-10 ,PS/Dist. Kalimpong.
4. Name and full address of the injured / deceased: Injured persons namely  
1) Sedup Tamang s/o Dawa Tamang of Relli Road, Kalimpong 2) Saroj  
Pradhan s/o Harka Bdr. Pradhan of Munpong Forest Busty, Kalimpong.
5. Name of the hospital to which he/she was removed: NBMC &  
Hospital, Siliguri.
6. Registration Number of vehicle and the type of the vehicle: Nil
7. Driving License particulars: Name of driver- Nil
8. Name and address of the owner of the vehicle at the time of the  
accident. Nil
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: Nil
10. Number of Insurance Policy / Insurance Certificate and the date of  
validity of the Insurance Policy/ Insurance Certificate: Nil
11. Registration particulars of the vehicle (Class of vehicles): Nil
12. Route Permit Particulars: NIL
13. Action taken if any, and the result thereof: Registered Kalimpong PS  
Case No.16/22 DTD.24.01.2022 U/S 279/338/427 IPC.