

FORM-I**FIRST ACCIDENT
REPORT (FAR)**

By Investigating Officer to Claims Tribunal
Within 48 hours of the receipt of intimation of the Accident
Copy to Victim(s), Insurance Company and State Legal Services Authority (SLSA)

FIR No.	39/23
Date	29/12/23
Under Section	279/338 IPC
Police Station	Gorubathan

1.	Date of arrest		
2.	Time of Accident	19:30 hrs. to 20:00 hrs.	
3.	Place of Accident	Near Basnet Dora, Gorubathan.	
4.	Source of Information	Driver/Owner- Victim/Witness Hospital- Goods Samaritan Police Other (Specify)	
	Name, Mobile number and address of the informant	Ramesh Thakur	
	Name		
	Mobile no	8250853502	
	Address	Sambhar Bazar, P. Gorubathan	
5.	Nature of Accident	Injury <input checked="" type="checkbox"/> Fatal Damage/loss of property Any other loss/injury	
	Number of vehicle involved	01	
	Whether Registration Number of the Offending Vehicle known	Yes	<input checked="" type="checkbox"/> No
	Whether offending Vehicle impounded by the police	Yes	<input checked="" type="checkbox"/> No
	Whether the driver of the offending vehicle found on the spot	Yes	<input checked="" type="checkbox"/> No
	Number of Fatalities		
	Number of Injured	one (1)	
6.	Details of the Hospital where victim(s) taken		
	Hospital Name	Gorubathan BPHC	
	Address	Upper Sambhar Bazar	
	Doctor's Name		
7.	Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR	Yes	<input checked="" type="checkbox"/> No
8.	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)		
	Details	Vehicle 1 (Offending vehicle)	Vehicle 2
	Vehicle Details		
	Vehicle Registration No		
	Driver Details		
	Name of the Driver		

	Address of Driver		
	Mobile No. of Driver		
	Owner Details		
	Name of the Owner		
	Address of Owner		
	Mobile No. of Owner		
	Insurance Details		
	Insurance Policy No.		
	Period of Insurance Policy		
	Name of Insurance Company		
Address of Insurance Company			
9	Details of Victim(s)		
	Name	Deceased /Injured	Address & Contact Details
i	Ajay Thakur	01	Sambhar Bazar
10	Other Accident Details		
i	Reporting Date & Time	27/12/23 at 19:30 h +	
ii	Landmark	Basmet Bazar.	
iii	Severity	Fatal Grievous Injury Simple Injury Hospitalized ✓ Simple Injury Non Hospitalized No Injury	
iv	Count of	Injured	Death
A	Drivers		
B	Passengers		
C	Pedestrians		
D	Animal		
v	Collision Type	Vehicle to vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi	Collision Nature	Hit on collision ✓ Hit on parked vehicle Hit Tree Hit fixed/stationery objects. Hit from back side Hit from side Overturn Skidding/Overturn	
vii	Initial Observation of accident scene	Non Provision of Parapets/Crash Barrier on Outer Curve Long Distance Covered/Driver Restless Fell down from vehicle Illegal parking on road Blind bend/curve Alcohol abuse Carrying people in loaded vehicle	

		Changing lane without care Dangerous overtaking Distraction to driver Driving against flow of driver Drugs abuse High speed ✓ Inattentive turn Accident due to road condition Accident due to whether condition Accident due to heavy traffic Non respect of right of way rules Red light jumping Overloaded Accident due to vehicle defect Over speed while crossing zebra crossing Over sped while crossing speed breaker
viii	Weather condition	Sunny/Clear Cloudy ✓ Light Rain Heavy Rain Flooding of Causeway/Rivulets Hail/Sleet Snow Smoke/Dust Strong wind cold Hot
ix	Light condition	Day Twilight Darkness with street lights on Darkness with poor street light Darkness no street light ✓
x	Accident spot	Residential zoneType equation here. Market zone ✓ Institutional zone Open commercial College zone Zone school zone Other educational institutional zone (specify) Govt. Institutional zone Hospital zone Industrial zone Harbour zone Forest area
xi	Visibility	Less than 25 Meter 25 meters ✓ 50 Meters 75 Meters 100 meter and above
xii	Load condition(1)	Excess Passengers Normally loaded Empty Not known ✓
xiii	Load condition (2)	Excess Goods Goods over height Goods rear overhanging Goods side overhanging Normally loaded Empty Not known ✓
xiv	Road classification	Expressway

		National Highway State Highway ✓ Major district road Other district road Village road Arterial road Sub arterial road Collector road Local Road
xv	Local body	Corporation Municipality Panchayat/

xvi. P.I.S./EMPLOYEE No. : _____

S.H.O./O/

Phone No. :

P.S.: Gorubathan Date :

Documents to be attached:

i. Copy of FIR

Images/ Videos to be attached:

- i. Main Resting Place of Vehicle
- ii. Damage to Vehicle
- iii. Damage to Property
- iv. Obstructions of Objects on Road
- v. Junction/ Road Type
- vi. Road Surface
- vii. Skid Marks
- viii. Surroundings
- ix. Any feature which might have contributed to the accident
- x. Other Images
- xi. Other Vide



Submitted

Pranab Kuntia,

30/12/23

FORM 54
{See rule 150(1) and (2)}
ACCIDENT INFORMATION REPORT

1. Name of the police station : Gorubathan
2. CR No./Traffic accident report : GBN PS Case NO - 39/23 See 279/338
IPC
3. Date, time and place of the accident : 27/12/23, Time 19:30h. Near Bagmet Darg.
Gorubathan
Road near Ambik-Tea Garden
4. Name and full address of the injured/
Deceased. : Ajay Thakur, Sombanay Bazar, Gorubathan
5. Name of the hospital to which he/she
was removed : Gorubathan B.P.H.C.
: medical college 'Shikun'
6. Registration number of vehicle and the
Type of the vehicle : Motor cycle
7. Driving license particulars :
 - (a) Name and address of the driver :
 - (b) Driving license number and date of :
 - (c) Address of the issuing authority :
 - (d) Badge No in case of public service : NA .Vehicle. :
8. Name and address of the owner of the
vehicle at the time of the accident. :
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 :
10. Number of insurance policy/insurance
certificate and the date of validity of the :
11. Registration particulars of the vehicle
(class of vehicles) :
 - (a) Registration No. :
 - (b) Engine number of Motor number in
The case of Battery Operated Vehicles) :
 - (c) Chasis No. :
12. Route permit particulars :
13. Action taken, if any and the result... case is pending for Investigationthereof





FIRST INFORMATION REPORT (Under Section 154 Cr. P.C.)

3889

P.S. Gorubathan Year 2023 FIR No 39/23 Date 29/12/23.

Sections Sections 279/338 IPL.

(iii) Sections (iv) Others Acts & Sections

(a) Occurrence of Offence : Day Wednesday Date From 27/12/23 Date To 27/12/23

Time Period Time From 19:30 hrs Time To 20:00 hrs

(b) Information received at P.S. Date 29/12/23 Time 10:15 hrs

(c) General Diary Reference : Entry No(s) 1265 Time 10:15 hrs

Type of Information : Written / Oral

Place of Occurrence : (a) Direction and Distance from P.S. 500mb N. from P.S. Beat No. 25

(d) Address near Basnet-Dara, Gorubathan, Kalimpang.

(e) In case outside limit of this Police Station, then the

Name of the P.S. District

Complainant / Informant :

(a) Name Ramesh Thakur Contact No - 8250863502

(b) Father's / Husband's Name Ajay Thakur

(c) Date / Year of Birth : (d) Nationality Indian

(e) Passport No. Date of Issue : Place of Issue

(f) Occupation Babau

(g) Address Vill - Sombaray bazar, P.S. - Gorubathan, Kalimpang.

Details of known / suspected / unknown accused with full particulars unknown motor-cycle thief.

(Attach separate sheet, if necessary) :

Reasons for delay in reporting by the Complainant / Information - NA

Particulars of properties stolen / involved (Attach separate sheet, if necessary) : - NA

Total value of properties stolen / involved - NA

Inquest Report / U.D. Case No., if any NA

FIR Contents (Attach separate sheets, if required) : The original written complaint which is heard as FIR is enclosed herewith.

Action taken : Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took up for

investigation / directed ASI Pranab Kistonia

investigation / refused investigation / transferred to P.S. Gorubathan P.S. Kalimpang

jurisdiction. FIR read over to the Complainant/ Informant, admitted to be correctly recorded and a copy given to the Complainant / Informant free of cost.

14. Signature / Thumb impression of the Complainant / Informant noted in FIR.

15. Date & Time of despatch to the court :

SI. Rajdewan Puri.
Signature of the Officer-in-Charge
Name : SI. Raj. Sekh
Rank : No. 100
Gorubathan P.S.
Dist. Kalimpang

सुवाम,

थाना उभारी,

डोलखाना थाना,

पिपला - कोल्हापुर।

दिनांक: 29/12/2023

विषय: मृत्यु के लिए निवेदन।

महोदय,

हम, रमेश ठाकुर पिता अजय ठाकुर ठेगाना सोमवारी बजार, डोलखाना
पैजा से नाई (एकदम) आपसे कुछ विनती करते हैं कि दिनांक 27/12/2023
बुधवार का दिन मेरा पिताजी नाम अजय ठाकुर पिता रमेश सुहावन ठाकुर
- सोमवारी बजार निवासी को अजय ठाकुर बड़िकवला सोमवारी बजार में
अवस्थित बस्केट शॉप नामक स्थल पर दुरुदस्ता करके मारा
हो गया। मेरा पिताजी अजय ठाकुर जखमी होकर वहाँ से बड़िकवला
को देख नहीं पाया किड़की दुरुदस्ता का समय लगभग 3:30 से
8:00 बजे रहा था और रातका सजग था।

अतः आप से विनती है कि हम सोमवारी बजार के स्वामी-
जाने हैं और हमें पिताजीको उपचार करके में बहुत परेशानी
हो रहा है। पिताजी का अमर जी बहुत ज्यादा है। इसलिए हमारी
पिताजीको जवाब दिलाते हुये आपके विभाग के तद्वय से कृपया
हाजरत कि अपेक्षा रखते हैं।
आपके कार्यप्रति हम सदैव धन्यवाद रहेगा।

= आपके जावकालिने अध्याकारिका
प्रतिसिपि बजा किह है।

Received on 29/12/23 at 10:15 AM
and No - 1265 and started
Investigation PS Case No - 39/23 at
29/12/23 U/s - 219/338 IPC and
directed to ASI Prakash Kishore for
Investigation. SI Rajesh Kumar PS
29.12.23

आपका विनयासी

रमेश ठाकुर

8250863502

FORM-II

RIGHTS OF VICTIM(S) OF ROAD ACCIDENT AND FLOW CHART OF THE SCHEME MENTIONED BELOW

**To be handed over by Investigating Officer to the
Victim/Family Members/Legal Representatives within 10 days of the accident**

1. Right to immediate medical aid and treatment.
2. Right to copy of FIR.
3. Right to copy of First Accident Report (FAR) in Form - I.
4. Right to copy of Rights of Victim and Flow Chart of this Scheme in Form -II.
5. Right to copy of Driver's Form-III along with the documents.
6. Right to copy of Owner's Form-IV along with the documents.
7. Right to copy of Interim Accident Report (IAR) in Form-V along with the documents.
8. Right to blank copy of format of Victim's Form-VI and Form-VIA.
9. Right to copy of Detailed Accident Report (DAR) in Form-VII along with the documents.
10. Right to copy of Insurance Form-XI.
11. Right to copy of Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974).
12. Right to copy of Victim Impact Report in Form-XII.
13. Right to copy of MLC and Postmortem Report.
14. Right to free legal aid from State Legal Services Authority.
15. Right to appear before the Claims Tribunal in person or through lawyer.
16. Right of a minor child/ children (18 years or below) of the victim to be referred to the Child Welfare Committee by the IO for Inquiry into their needs and status.
17. Right of a minor child/ children (18 years or below) of the victim to have the Child Welfare Committee conduct an Inquiry through the District Child Protection Officer into their well-being, medical needs, security, nutrition, etc.
18. Right of a minor child/ children (18 years or below) of the victim to get all benefits of Juvenile Justice (Care and Protection of Children) Act, 2015 in case the Child Welfare Committee returns a finding of a child being a Child in Need of Care and Protection (CNCP).
19. Right of such minor child/children of the Victim to be placed in a Children's Home in case both the parents died or the surviving parent is unable to take care of the child, as provided under the Juvenile Justice (Care and Protection of Children) Act, 2015.
20. Right to receive compensation under the Scheme for Motor Accident Claims formulated by the Delhi High Court.

Flow Chart of the aforesaid Scheme is attached herein.

S.H.O./I.O.
Avt Premnath Kishore
G.B.N PS

P.I.S./EMPLOYEE No. : _____

Phone No. : 9933411300

P.S. : Gosubartan

Date : 09/01/24

Acknowledgement of the Victim/Family Members/Legal Representatives

I have received this Form and the Flow Chart of the Scheme along with the copy of a blank Victim's Form-VI and Form-VIA.

Ramashankar Thakur
Victim/Family Members/Legal Representatives

Date : _____



FORM-III**DRIVER' FORM**

By Driver of the vehicle(s) to Investigating Officer Within thirty (30) days of the Accident
Copy to Victim(s) and Insurance Company

FIR No.	39/23	39/23
Date		29/12/23
Under Section		279/338 IPC
Police Station		Gosubatham

1.	Driver Details	
	Name	NIL
	Father's Name	NIL
	Mobile No.	NIL
	Address	NIL
2.	Age/Date of Birth	
3.	Gender	Male Female Other
4.	Educational Qualifications	Primary Senior Secondary Certificate Higher Secondary Certificate Graduate Postgraduate Doctorate Uneducated
5.	Occupation	Private Service Government Job Professional Agriculture Self-Employed Others
6.	Monthly Income	Rs.
7.	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
8.	Driving Licence No.	NIL
9.	Period of Validity of Licence	NIL
10.	Licensing Authority	NIL

11.	Vehicle Registration No.	NiL
12.	Vehicle Type	Motor cycle
13.	Owner Details	
	Name	NiL
	Mobile No.	NiL
	Address	NiL
14.	Insurance Details	
	Policy No.	NiL
	Period of Policy	NiL
	Name of Insurance Company	NiL
15.	Other details	
i.	Nationality of Driver	Indian Foreigner
ii.	Occupation of Driver	Advocate Business Clerk Doctor Driver Engineer - Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Head ✓ Hip Knee

		Leg Neck Not Applicable Shoulders Injury Abdominal
iv.	Cell Phone Driving?	Yes No Not Known
v.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
vi.	Seatbelt/ Helmet	Yes No Not Known
vii.	Drunk Driving	Yes No Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle
ix.	Hospitalization delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
x.	Driving License Type	Known Unknown Without License LLR Not Applicable Juvenile

Verification:

Verified at Gorebadken PS on this 24/12/23 day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

- i. ID/address proof
- ii. Driving Licence
- iii. Insurance Policy

FORM-IV**OWNER'S/ INSURED'S FORM**

By Owner of the vehicle(s) to Investigating Officer Within thirty (30) days of Accident
Copy to the Victim(s) and Insurance Company

FIR No.	39/23
Date	29/12/23
Under Section	279/338 IPC
Police Station	Marubantham

1.	Vehicle Details	
	Registration No.	NIL
	Colour	NIL
	Make	NIL
	Model	NIL
	Year of Manufacture	NIL
	Chassis No.	NIL
	Engine No.	NIL
	Registering Authority Name	NIL
	Vehicle Type	Motorised 2-wheeler ✓ Auto Car/Jeep/Taxi Cycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
	Vehicle Use Type	Private Vehicle ✓ Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle

Public Service Vehicle
Educational Institute Bus
Others (Specify)

2. Owner Details

Name

In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988

Father's Name

Mobile No.

Address

Occupation

3. Driver Details

Name

Father's Name

Mobile No.

Address

Driving Licence No.

Period of Validity

Licensing Authority

4. Insurance Details

Policy No.

Period of Policy

Name of Insurance Company

Address of Insurance Company

Details of previous Insurance Policy

Whether the vehicle previously involved in any MACT case?

If yes, give details of FIR and MACT case.

5. In case of commercial vehicle

Permit details

Fitness details

6. Whether the owner reported the accident to the Insurance Company

Yes

No

7. Other details

i. Load Category

Passengers

Goods

ii. Age of vehicle

iii.	Vehicle Description	Transport Vehicle
		Non-transport Vehicle
iv.	Pollution under Control Certificate Validity	
v.	Tax Details	
vi.	Seat Capacity	
vii.	Insurance Company	

Verification:

Verified at GIBNPS on this 27/12/23 day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

- i. ID/address proof
- ii. Registration Certificate
- iii. Driving Licence of the Driver
- iv. Insurance Policy
- v. Permit
- vi. Fitness

FORM-V**INTERIM ACCIDENT REPORT (IAR)**

By Passenger(s) and Pedestrian(s) to Investigating Officer to Claims
Tribunal Within fifty (50) days of Accident
Copy to Victim(s) and Insurance Company and SLSA

FIR No.	29/23
Date	29/12/23
Under Section	279/338 IPC
Police Station	Cronubatham

1.	Date of Accident	
2.	Time of Accident	
3.	Place of Accident	
4.	Offending Vehicle	
	Registration No.	
	Vehicle Make	
	Vehicle Model	
5.	Driver of the offending vehicle	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
	Driving Licence No.	
	Validity of Licence	
	Licensing Authority	
6.	Owner of the offending vehicle	
	Name	
	Father's Name	
	Mobile No.	
	Address	
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	
8.	Insurance Details	

Policy No.	
Period of Policy	
Name of Insurance Company	
Address of the Insurance Company	

9. **Witness(es) to the accident**

Witness-1: Name

Mobile No.

Address

Witness-2: Name

Mobile No.

Address

Witness-3: Name

Mobile No.

Address

Witness-4: Name

Mobile No.

Address

10. **Brief description of the Accident**

11. **Details of compliance(s)**

i. Date of filing of First Accident Report (FAR)

ii. Date of uploading FAR on the website of Delhi Police

iii. Date of delivery of FIR and FAR to the Insurance Company

iv. Date of delivery of FIR, Form-II and FAR to the Victim(s)

v. Date of receipt of Form-III from the Driver

vi. Date of receipt of Form-IV from the Owner

vii. Date of delivery of Form-III and Form-IV to the Insurance Company

viii. Date of delivery of Form-III and Form-IV to the Victim(s)

ix. Whether the information/ documents of the driver/owner have been verified.
If yes, attach the Verification Report.

Yes

No

12. **Passenger details**

i. Gender

Male

Female

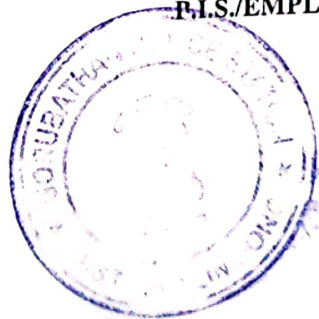
TG

ii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iv.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Head ✓ Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
v.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
vii.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
viii.	Passenger Position	Back Truck or Pick up Bus Passenger Front Seat Other Pillion Rider
		Rear Seat
ix.	Seatbelt/ Hemet	Yes No Not Known
x.	Passenger Action	Standing Sitting Boarding Falling Alighting
xi.	Nationality	Indian Foreigner
13.	Pedestrian Details	
i.	Gender	Male Female TG
ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iii.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

iv.	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
v.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
vi.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand
		Head ✓ Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
vii.	Pedestrian Position	At the Pedestrian Crossing Within 50 meters of Pedestrian Crossing At the Traffic Island At the Footpath At the Shoulder of the Road At the Right Hand Side of the Road At the Centre of Road

viii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
ix.	Nationality	Indian Foreigner



S.H.O./I.O. ASI Premnath Kumbhar
 P.S./EMPLOYEE No. : 413N PS
 Phone No. : 99 334 11 300
 P.S. : Korubathur
 Date : 09/01/24

Documents to be attached:

- i. First Accident Report (FAR)
- ii. Driver's Form-II along with documents submitted by the Driver
- iii. Owner's Form-III along with documents submitted by the Owner
- iv. Verification Report