

DR/NO/37/24/TCR

Dt: 21/11/24

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.	Kalimpong PS Case No. 156/23
Date	27/11/23
Under Section	279/304 (A) I.P.C.
Police Station	Kalimpong

1.	Date of Accident	27/11/2023
2.	Time of Accident	on between 01.22 a.m. to 05.30 a.m.
3.	Place of Accident	15 km. West, Tail No-50 near Durga Mandir, Likhurhi, under Kalimpong PS
4.	Offending Vehicle	
	Registration No.	WB 79 A 3924
	Vehicle Make	Waguar
	Vehicle Model	2020
5.	Driver of the offending vehicle	
	Name	Bishal Chhetri
	Father's Name	Ghanagshyam Chhetri
	Mobile No.	9775848246
	Address	Melli Bazar, South Sikkim
	Driving Licence	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify)
	Driving Licence No.	NT/2940/15/C
	Validity of Licence	16-05-2025
	Licensing Authority	Motor Vehicle Department
6.	Owner of the offending vehicle	
	Name	Bishal Chhetri
	Father's Name	Ghanagshyam Chhetri
	Mobile No.	9775848246
	Address	Melli Bazar, South Sikkim
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	15/03/2035
8.	Insurance Details	

	Policy No.	150607312210002544	
	Period of Policy	29-02-2024	
	Name of Insurance Company	National Insurance	
	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)	28/11/23	
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)	29/11/23	
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. <i>If yes, attach the Verification Report.</i>	Yes	No
12.	Passenger details		
i.	Gender	<input checked="" type="checkbox"/> 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

vi.	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

P.I.S./EMPLOYEE No. : 1989008322

Phone No. : 7407376184

P.S. : Kalimpong

Date : _____

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

FORM-VI**VICTIM'S/CLAIMANT'S FORM**

By Victim(s)/ claimant(s) and Medical Officer(s) to Investigating Officer within sixty (60) days of Accident
Copy to Insurance Company and SLSA

FIR No.	Kalimpong P.S. Case No. 156/23
Date	27/11/23
Under Section	279/304 (A) I.P.C.
Police Station	Kalimpong

1.	Date of Accident	27/11/2023
2.	Time of Accident	on between 01-22 a.m to 05.30 A.M.
3.	Place of Accident	15 km. West, Jail No-50 near Durga Mandir Likhuvhi, under Kalimpong P.S.
4.	Nature of case	<input type="checkbox"/> Simple Injury <input type="checkbox"/> Grievous Injury <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Damage/loss of the property <input type="checkbox"/> Any other loss/injury
5.	Registration Number of the offending vehicle	WB 79 A 3924
6.	Owner Details	
	Name	Bishal Chhetri
	Address	Melli Bazar, South Sikkim
7.	Driver Details	
	Name	Bishal Chhetri
	Address	Melli Bazar, South Sikkim
8.	Insurance Details	
	Policy No.	150607312210002544
	Period of Policy	29-02-2024
	Name of Insurance Company	National Insurance Co.

DEATH CASE

9.	Name of the deceased	Bishal Chhetri
10.	Father's Name	Ghanayshayan Chhetri
11.	Age / Date of Birth	34 yrs / 19-01-1989
12.	Date of death	27.11.2023
13.	Gender of the deceased	Male
14.	Marital status of the deceased	Married
15.	Occupation of the deceased	Government Job of Union Banking India
16.	If the deceased was employed, give the name and address of the employer	
17.	Income of the deceased	Rs. 55,000

18.	Whether the deceased was assessed to Income Tax <i>If yes, file the copy of Income Tax Returns for the last three years</i>		Yes No		
19.	Whether the deceased was the sole earning member of the family		Yes No		
20.	Details of medical treatment given to the deceased, prior to death. Give details of medical expenses incurred		Nil		
21.	Whether the victim got reimbursement of medical expenses from his employer or under a Mediciam policy or under any government cashless treatment scheme or government insurance scheme <i>If yes, provide details</i>		Nil		
22.	Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased				
	Name	Age / Date of Birth	Gender	Relation	Marital Status
i.	Nil				
ii.	Nil				
iii.	Nil				
iv.	Nil				
v.	Nil				
vi.	Nil				
23.	Name, Contact Number and Address of Legal Representatives of the deceased				
	Name	Contact Number	Present Address as well as Permanent Address		
i.	Nil				
ii.	Nil				
iii.	Nil				
iv.	Nil				
v.	Nil				
vi.	Nil				
24.	In case of children below the age of 18 years				
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child	
i.	Nil				
ii.	Nil				
iii.	Nil				
iv.	Nil				
v.	Nil				
vi.	Nil				
INJURY CASE					
25.	Name of the Injured		Nil		

26.	Father's Name			
27.	Address of the Injured			
28.	Contact No. of Injured			
29.	Age / Date of Birth			
30.	Gender of the Injured			
31.	Marital status of the Injured			
32.	Occupation of the Injured			
33.	If the Injured was employed, give the name and address of the employer			
34.	Income of the Injured			
35.	Whether Injured assessed to Income Tax <i>If yes, file the copy of Income Tax Returns for the last three years</i>		Yes	No
36.	Nature and description of Injury			
37.	Medical treatment taken by the Injured			
38.	Name of hospital and period of hospitalization Hospital Name Period of Hospitalization Doctor's Name			
39.	Details of surgery(s), if undergone			
40.	Whether any permanent disability <i>If yes, give details</i>		Yes	No
41.	Details of the family of the Injured			
	Name	Age / Date of Birth	Gender	Relation
i.	N/A			
ii.	N/A			
iii.	N/A			
iv.	N/A			
v.	N/A			
vi.	N/A			
42.	In case of children below the age of 18 years			
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child
i.	N/A			
ii.	N/A			

iii.	N/A			
iv.	N/A			
v.	N/A			
vi.	N/A			
43.	Pecuniary Losses suffered			
i.	Expenditure on treatment			
ii.	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment			
iii.	Expenditure on conveyance, special diet, attendant charges, etc.			
iv.	Loss of income			
v.	Loss of earning capacity			
vi.	Any other pecuniary loss/damage			
44.	Whether the injured got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme If yes, provide details		Yes	No
45.	Value of loss/ damage to the property			
46.	Any additional information			
47.	Brief description of the accident			
48.	Compensation claimed			
49.	Hospital details			
i.	PMJAY Empanelled		Yes	No
ii.	Hospital name		Kallimpong District Hospital	
iii.	State		West Bengal	
iv.	District		Kallimpong	
v.	Address		District Hospital Kallimpong	
vi.	Pincode		734301	
vii.	Hospital Type		Government	Private
viii.	Classification (if Government)		Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions Multispecialty hospital	

	Allergy
	Anesthesia
	Bariatric Medicine/Surgery
	Burn/Trauma
	Cardiac Catheterization
	Cardiology
	Cardiovascular Surgery
	Dermatology
	Electrophysiology
	Emergency Medicine
	Endocrinology
	Family practice
	Gastroenterology
	General Surgery
	Geriatrics
	Gynecology/ oncology
	Hematology/ oncology
	Hepatobiliary
	Hospitalist
	Infectious Disease
	Internal medicine
	Interventional radiology
	Medical genetics
	Neonatology
	Neuroradiology
	Neurology
	Neurosurgery
	Nuclear medicine
	Obstetrics & Gynecology
	Occupational Medicine
	Ophthalmology
	Oral Surgery
	Orthopedics
	Otolaryngology / Head & Neck Surgery
	Pain Management
	Palliative Care
	Pathology: Surgical & Anatomic
	Pediatric Intensivist
	Physical Medicine

		Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT
x.	Mobile	N/A
xi.	National Identification Number (NIN)	N/A
xii.	Landline	N/A
xiii.	E-Mail	N/A
xiv.	Username	N/A
xv.	Password	N/A
xvi.	Retype Password	N/A
xvii.	Hospital Location	N/A
xviii.	Police District	N/A
xix.	Police Station	N/A
50.	Patient's details	
i.	Patient Type	Medico Legal Death – Out Patient(MLD-OP) Medico Legal Death - In Patient(MLD-IP)
ii.	In Patient/Out Patient	
iii.	Time of Arrival	N/A
iv.	Patient Name	N/A
v.	Patient Age	N/A
vi.	Patient Contact Number	N/A
vii.	Gender	Male Female TG
viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized

		Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	Father Guardian
x.	Relation (if Female)	Father Mother Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	Identification Mark 2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	
i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag / Triage	Red Yellow

		Green Black No Pre-Arrival Intimation Not recorded or inadequately described
iii.	Injury Nature	Blunt Abdominal Trauma Cranial Trauma Fracture or Dislocation of Bone or Tooth Severe Coma Permanent Disfigurement of Head or Face Privation of any Member or Joint Wounds or Cut Degloving Injury
iv.	Level of Consciousness	Alert Drowsy Un Responsive
v.	Breathing	Spontaneous Breathing Non Spontaneous Breathing
vi.	Systolic BP (MM)	
vii.	Diastolic BP (MM)	
viii.	Pulse/Heart Rate (BPM)	
ix.	Respiratory Rate	
x.	SPO2 (%)	
xi.	Temperature (°F)	
xii.	Orientation	Oriented Disoriented
xiii.	Description of Pupil	Equal in Size - Normal Reaction Not-Equal Constricted Dilated and Fixed
xiv.	Physical Examination	Open or Closed suspected Skull Fracture Chest Injury including Pneumothorax Not recorded / Inadequately described Suspected Pelvic Injury Spinal Injury Crush Injury including Degloving Pre-hospital data unavailable Amputation proximal to wrist and make Penetrating to Head, Neck, Torso

v.	Treatment	Surgical Management Conservative Management
xvi.	Opinion Obtained	Cardiac Opinion ENT Opinion Gastro General Physician General Surgeon Internal Medicine Neurosurgeon Ophthalmology Ortho
xvii.	X Rays Done	Head/Skull Cervical Spine Thoracic spine Lumbar spine Chest Abdomen/pelvis Kidney, Ureter & Bladder Upper Limb Lower Limb X Ray Not done X Ray Not Needed Not recorded or Inadequately described
xviii.	CT Scan	Head/Skull Spine Chest Abdomen/pelvis Other CT Scan Not done CT Scan Not Needed Not recorded or Inadequately described Doppler ultrasound Fast extended focused Ultra Scan
xix.	Emergency Department Disposition	Discharged Home Left against medical advice Ward Transferred to another hospital Operation theatre

		Intensive care unit Died in Emergency Disposition Brought Dead
52.	History as stated by the Injured	
53.	Details of Injuries	
54.	Discharge Summary	
i.	Name of the doctor	
ii.	Doctor Regn No.	
iii.	Condition at admission	
iv.	Results of clinical investigation if any	
v.	Injuries diagnosed other than those noted in the Wound Certificate, if any	
vi.	Details of treatment given, including those of surgical and other procedures if any	
vii.	Condition at discharge	
viii.	Advice given at the time of discharge regarding further treatment if necessary	
ix.	Remarks if any	
55.	Drunkenness Certificate	
i.	Whether under arrest or not	Yes No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered Soiled Torn
viii.	General Disposition	Calm Talkative Abusive Aggressive
ix.	Self Control	Normal Impaired
x.	Memory	Normal Impaired
xi.	Orientation of time & space	Normal Impaired
xii.	Reaction time	Normal Delayed
xiii.	Gait	Normal

		Unsteady
		Unable to stand upright
xiv.	Finger nose test	Positive Negative
xv.	Romberg's sign	Positive Negative
xvi.	Special examination (Blood & urine)	Preserved Not Preserved
xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings / Injuries on the body	
56.	Postmortem Certificate	
i.	Alleged cause of death as per inquest	
ii.	Assisted by	
iii.	Medical Officer	
iv.	Remarks if any	

Documents to be submitted

In Death Cases:

1. Death certificate
2. Proof of age of the deceased which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the deceased which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for last three years (d) Balance Sheet, etc.
4. Proof of the legal representatives of the deceased such as ration card, passport, etc.
5. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children.
6. Treatment record, medical bills and other expenditure prior to death
7. Bank Account no. of the legal representatives of the deceased near the place of their residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
9. Any other document

In Injury Cases:

1. Multi angle photographs of the injured
2. Proof of age of the injured which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the injured which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.

6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children

7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement

8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken

9. Any other document

Other documents to be submitted

1. X Ray

2. CT Scan

3. ECG

4. Other documents

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

Name and signature of the injured/legal representative of deceased			
S. No.	Name	Signature	Photograph
1.			
2.			
3.			
4.			
5.			
6.			

FORM-VII**DETAILED ACCIDENT REPORT (DAR)**

By Investigating Officer to Claims Tribunal within ninety (90) days of Accident
Copy to Victim(s)/ claimant(s), Driver, Owner, Insurance Company and SLSA

FIR No.	Kalimpong PS case NO. 156/23
Date	27/11/23
Under Section	279/304 (A) I.P.C.
Police Station	Kalimpong

1.	Date of Accident	27/11/2023	
2.	Time of Accident	On between 01.22 a.m to 05.30 a.m.	
3.	Place of Accident	15 km West, Jalpaiguri-50, near Pargamandir, Likhavir, KPA PS	
4.	Nature of Accident	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury	
5.	Offending Vehicle Details		
	Registration No.	WB 79 A 3924	
	Make	Wagans	
	Model	2020	
	Vehicle Type	Motorised 2-wheeler Auto <input checked="" type="checkbox"/> Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)	
	Vehicle Use Type	<input checked="" type="checkbox"/> Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)	

6.	Driver of offending vehicle		
	Name	Bishal chhetri	
	Father's Name	Ghanayshyam chhetri	
	Mobile No.	9775848246	
	Address	Melli Bazar, South Sikkim	
	Driving Licence	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify)	
	Driving Licence No.	NT/2940/15/C	
	Validity of Licence	16-05-2025	
	Licensing Authority	Motor Vehicle Department	
7.	Owner of offending vehicle		
	Name	Bishal chhetri	
	Father's Name	Ghanayshyam chhetri	
	Mobile No.	9775848246	
	Address	Melli Bazar, South Sikkim	
8.	Insurance Details of offending vehicle		
	Policy No.	150607312210002544	
	Period of Policy	29-02-2024	
	Name of Insurance Company	National Insurance	
9.	Whether License has been verified from the Authority. <i>If yes, attach report</i> <i>If no, give reasons</i>	Yes No	
10.	Whether Driving Licence suspended/ cancelled <i>If yes, give details</i>	Yes No	
11.	Whether driver injured during the accident <i>If yes, give details</i>	Yes No	
12.	Vehicle was Driven by	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Paid Driver <input type="checkbox"/> Other (Specify)	

13.	Whether the Driver was driving under the influence of alcohol/ drugs <i>Whether findings based on scientific report. If yes, give details</i>	Yes	No	
14.	Whether driver carrying mobile phone at the time of accident <i>If yes, give details of Mobile</i>	Yes	No	
	Mobile No.			
	IMEI No.			
	Make & Model			
15.	Whether driver previously involved in motor accident case(s) <i>If yes, whether case pending or decided by MACT? Give details of The FIR and MACT case</i>	Yes	No	
16.	In case of commercial vehicle			
	Permit details			
	Fitness details			
17.	Whether Permit and Fitness have been verified from the Authority <i>If yes, attach report If no, give reasons</i>	Yes	No	
18.	Whether the Owner reported the accident to the Insurance Company <i>If yes, give date</i>	Yes	No	
19.	In case the driver fled from spot, whether the owner produced the driver before the police <i>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</i>	Yes	No	
Victim(s) details				

20.	Victim(s)	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)
-----	-----------	--

DEATH CASE

21.	Name of the deceased	① Bishal Chhetri s/o - Ahanuyshayam chhetri
22.	Age of the deceased	② Chaudhary Bhutta s/o - Lt. Datta Toshwary Bhatt
23.	Occupation	34 years is Bishal Chhetri & 28 yrs is Chaudhary Bhutta

24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		

INJURY CASE

25.	Name of the injured	
26.	Age	
27.	Occupation	
28.	Nature of Injury	
	Simple	
	Grievous	
29.	Details of Injury	

30.	Offences Charged	
	<u>Indian Penal Code, 1860</u>	
a.	Section 279	Rash driving or riding on a public way
b.	Section 337	Causing hurt by act endangering life or personal safety of others
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others
d.	Section 304-A	Causing death by negligence
e.	Any other offence	

	<u>Motor Vehicles Act, 1988</u>	
a.	Sections 3/181	Driving without license
b.	Sections 4/181	Driving by minor

c.	Sections 5/180	Allowing unauthorized person to drive	
d.	Section 182	Offences relating to licenses	
e.	Sections 56/192	Without fitness	
f.	Sections 66(1)/192A	Without permit	
g.	Sections 112/183(1)	Over speeding	
h.	Sections 113/194	Over loading	
i.	Sections 119/184	Jumping red light	
j.	Sections 119/177	Violation of mandatory signs(One way, No right turn, No left turn)	
k.	Sections 122/177	Improper/ obstructive parking	
l.	Sections 146/196	Without insurance	
m.	Section 177/Rules of Road Regulation 17(1)	Violation of "One way"	
n.	Section 194(1A)/ Rules of Road Regulation 29	Carrying High/Long Load	
o.	Section 184/ Rules of Road Regulation, rule 6	Violation of "No overtaking"	
p.	Section 177/Central Motor Vehicles Rules, 1989 Rule 105	Without light after sunset	
q.	Section 179	Disobedience of orders,obstruction and refusal of information	
r.	Section 184	Driving dangerously	
s.	Section 184	Using mobile phone while driving	

t.	Section 185	Drunken driving/ drugs	
u.	Section 186	Driving when mentally or physically unfit to drive	
v.	Section 187	Violation of Sections 132(1)(a), 133 & 134	
w.	Section 190	Using vehicle in unsafe condition	
x.	Section 194A	Carrying more passengers than authorized	
y.	Section 194B/ Central Motor Vehicles Rules, 1989 Rule 138(3)	Driving without a safety belt	
z.	Section 194 C	Penalty for violation of safety measures for motorcycle driver and pillion rider	
a.a	Section 194 D	Penalty for not wearing protective headgear	
b.b	Section 194 E	Failure to allow free passage to emergency vehicles	
c.c	Section 194 F	Using the horn unnecessarily or in places where it is prohibited	
d.d	Section 197	Taking vehicle without authority	
e.e	Section 199A	Offence committed by juveniles	
f.f	Any other offence		
31.	Detailed description of the Accident		
32.	Direction(s) required from the Claims Tribunal		
i.	The driver of the offending vehicle has not furnished Form-III/has furnished incomplete Form-III, despite letter(s) dated.....[Copy (s) attached]. The driver be directed to furnish the Form-III before this Tribunal within 15 days.		
ii.	The owner of the offending vehicle has not furnished Form-IV/ has furnished incomplete Form-IV, despite letter(s) dated.....[Copy (s) attached]. The owner may be directed to furnish the Form-IV before this Tribunal within 15 days.		

iii.	The victim(s) of the accident has/have not furnished Form-VI/ Form-VIA/ has furnished incomplete Form-VI/ Form-VIA, despite letter(s) dated..... [Copy (s) attached]. The victim may be directed to furnish the Form-VI/ Form-VIA before this Tribunal within 15 days.		
iv.	The Registration Authority has not given the Verification Report despite letter(s) dated.....[Copy (s) attached]. The Registration Authority be directed to furnish the Verification Report directly before this Tribunal within 15 days.		
v.	The Hospital has not given the MLC/ Post Mortem report despite letter(s) dated [Copy (s) attached]. The Hospital be directed to furnish the above-mentioned documents directly before this Tribunal within 15 days.		
33.	Documents to be attached		
	Document	Attached	Not Attached
i.	FIR		
ii.	Form-I - First Accident Report (FAR)		
iii.	Form-II - Rights of Victim(s) and Flow Chart		
iv.	Form-III - Driver's Form along with documents submitted		
v.	Form-IV - Owner's Form along with documents submitted		
vi.	Form-V - Interim Accident Report (IAR) along with documents submitted		
vii.	Form-VI- Victim's Form along with documents submitted		
viii.	Form-VIA - Details of minor children of the Victim along with documents submitted		
ix.	Form-VII- Detailed Accident Report (DAR)		
x.	Form-VIII - Site Plan		
xi.	Form-IX - Mechanical Inspection Report		
xii.	Form-X - Verification Report		
xiii.	Form-XI - Insurance Form along with documents submitted		
xiv.	Photographs of the scene of accident from all angles		
xv.	Photographs of all the vehicles involved in the accident from all angles		
xvi.	CCTV Footage of the accident		

xvii.	Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974)		
xviii.	Copy of notice under section 133 of the Motor Vehicles Act, 1988		
	DEATH CASE		
xix.	Post-Mortem Report		
	INJURY CASE		
xx.	Medico Legal Case (MLC) form		
xxi.	Multi angle photographs of the injured		
	OTHER DOCUMENTS		
xxii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the driver		
xxiii.	Letter(s) of the Investigating Officer demanding the relevant information /documents from the owner		
xxiv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Insurance Company		
xxv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Victim(s)		
xxvi.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Registration Authorities		
xxvii.	Letter of the Investigating Officer demanding the relevant information/ documents from the Hospital		

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above report are true and correct, and the documents were gathered during investigation.

S.H.O. I/O

P.I.S. EMPLOYEE No. : 1989008322

Phone No. : 7407376184

P.S. : Kalimpang

Date : _____

FORM- VIII**SITE PLAN**

By Investigating Officer (through Roads & Highway Engineer) to Claims
Tribunal Along with DAR within ninety (90) days of Accident

FIR No.	Kalimpong PS Case No. 156/23
Date	27/11/23
Under Section	279/304 (h) I.P.C.
Police Station	Kalimpong

1.	Date of preparation of site plan	
2.	Type of collision (collision from)	Hit from back Vehicle to pedestrian Run-off road Vehicle overturn Head on collision Other (Specify)
3.	Road direction	One-way Two-way Other (Specify)
4.	No. of lanes	01
5.	Width of road	Not known
6.	Place of accident	15 km West, Jail No-50, near Durga Mandir, Likhuhori, under Kalimpong PS
7.	Detailed Site Plan with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	<input checked="" type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Sub-urban
ii.	Road Owning Agency	<input type="checkbox"/> National Highway Under NHAI <input checked="" type="checkbox"/> National Highway Under State PWD <input type="checkbox"/> National Highway Under Other Departments <input type="checkbox"/> Corporation Road <input type="checkbox"/> Municipality Road <input type="checkbox"/> Panchayat Union Road <input type="checkbox"/> Panchayat Road

iii.	Type of Structure	Normal Road Grade Road Over Bridge Culvert Road Under Bridge River Bridge Vehicular Under Pass Limited Use Subway Causeway
iv.	Type of Road Surface	Bituminous / Asphalt Water Bound Macadam (WBM) / Metalled Roads Paver Block Road Gravel Road Murrum Road Earthen/Kutchra Road
v.	Surface Condition	Good Reveling Loose Flooded Slippery/ Oily Muddy
		Corrugated / Wavy road Pot Holes Snowy Road Under Repair No Influence on Accident
vi.	Type of Carriageway	Single Lane (1 Way) Single Lane (2 Way) Immediate Lane 2 Lane (1 Way) 2 Lane (2 Way) 3 Lane (1 Way) 3 Lane (2 Way) 4 Lane Undivided (2 Way) 4 Lane divided (2 Way) 6 Lane Undivided (2 Way) 6 Lane divided (2 Way) 8 Lane divided (2 Way)

vii.	Accident Location	Straight Road At Junction Nearby Junction Horizontal Curve Vertical Curve Nearby Bus Stop
viii.	Horizontal Curve	Simple Curve Compound Curve Reverse Curve Deviation Curve Transition Curve
ix.	Vertical Curve	Symmetrical Crest / Summit Vertical Curve Unsymmetrical Crest / Summit Vertical Curve Symmetrical Sag Vertical Curve Unsymmetrical Sag Vertical Curve
x.	Junction Type	Round about Staggered Y-Junction Four-arm Square Junction More than Four-arm Elevated Junction (3-arm/4-arm) Four-arm Cross Junction
		Guarded Level Crossing Unguarded Level Crossing T-Junction
xi.	Junction Control	No Control Flashing Signal Give Way Sign Stop Sign Traffic Signals Manned Control
xii.	Sight Distance	Available to Junction Available to Curve Straight Reach Not Applicable
xiii.	Speed Limit	Below 40 40 – 60 60 – 80 80 – 90 Above 90 Not Available

xiv.	Road Margins	Shoulders Pedestrian / Cycle Track Bus Bay Guard Rails / Crash Barriers Service Lane Parking Lane Not Applicable
xv.	Type of Terrain	Plain Terrain (0 to 10%) Rolling Terrain (10 to 25%) Mountainous Terrain (25% to 60%) Steep Terrain (Above 65%)
xvi.	Type of Surface Gradient	Ruling Gradient Limiting Gradient Minimum Gradient Floating Gradient Exceptional Gradient Average Gradient
xvii.	Physical divider / Barrier	Yes No
xviii.	Type of Median	Depression / Flush Median Crash Barrier Flexible / Portable Divider Concrete Divider Raised Median with Anti-Glare Measures Raised Median without Anti-Glare Measures Kerb Median
xix.	Pedestrian Infrastructure	Footpath Footpath with Guard Rail Signalized Zebra Crossing Un Signalized Zebra Crossing Signalized Mid-Block Zebra Crossing Unsignalized Mid-Block Zebra Crossing Foot Over Bridge Subway Tabletop Crossing Not Applicable
xx.	Ongoing Road Work	Yes No
xxi.	Road Markings	Available Faded Not Available

xxii.	Road Sign Board	Available and Reflective Available and Non Reflective Not Available
xxiii.	Factors of Road Accident	Road Obstructions Uneven Road Surface Slippery Road Surface Narrow Width Non Provision of Parapets / Crash Barrier Inadequate Sight Distance Illegal Parking / Abandoned Vehicle Road / Building Construction Work Blind Curve Not Applicable

S.H.O./I.O

P.I.S./EMPLOYEE No. : 1989008322

Phone No: 7407376184

P.S. : Kalimpong

Date : _____

FORM- VIII**SITE PLAN**

By Investigating Officer (through Roads & Highway Engineer) to Claims
Tribunal Along with DAR within ninety (90) days of Accident

FIR No.	Kalimpang PS Case No. 156/23
Date	27/11/23
Under Section	279/304 (a) I.P.C.
Police Station	Kalimpang

1.	Date of preparation of site plan	
2.	Type of collision (collision from)	Hit from back Vehicle to pedestrian Run-off road Vehicle overturn Head on collision Other (Specify)
3.	Road direction	One-way Two-way Other (Specify)
4.	No. of lanes	01
5.	Width of road	Not known
6.	Place of accident	15km West, Jail No-50, near Durga Mandir, Likhuchor, under Kalimpang PS
7.	Detailed Site Plan with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	<input checked="" type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Sub-urban
ii.	Road Owning Agency	<input type="checkbox"/> National Highway Under NHAI <input checked="" type="checkbox"/> National Highway Under State PWD <input type="checkbox"/> National Highway Under Other Departments <input type="checkbox"/> Corporation Road <input type="checkbox"/> Municipality Road <input type="checkbox"/> Panchayat Union Road <input type="checkbox"/> Panchayat Road

iii.	Type of Structure	Normal Road Grade Road Over Bridge Culvert Road Under Bridge River Bridge Vehicular Under Pass Limited Use Subway Causeway
iv.	Type of Road Surface	Bituminous / Asphalt Water Bound Macadam (WBM) / Metalled Roads Paver Block Road Gravel Road Murum Road Earthen/Kutch Road
v.	Surface Condition	Good Reveling Loose Flooded Slippery/ Oily Muddy
		Corrugated / Wavy road Pot Holes Snowy Road Under Repair No Influence on Accident
vi.	Type of Carriageway	Single Lane (1 Way) Single Lane (2 Way) Immediate Lane 2 Lane (1 Way) 2 Lane (2 Way) 3 Lane (1 Way) 3 Lane (2 Way) 4 Lane Undivided (2 Way) 4 Lane divided (2 Way) 6 Lane Undivided (2 Way) 6 Lane divided (2 Way) 8 Lane divided (2 Way)

vii.	Accident Location	Straight Road At Junction Nearby Junction Horizontal Curve Vertical Curve Nearby Bus Stop
viii.	Horizontal Curve	Simple Curve Compound Curve Reverse Curve Deviation Curve Transition Curve
ix.	Vertical Curve	Symmetrical Crest / Summit Vertical Curve Unsymmetrical Crest / Summit Vertical Curve Symmetrical Sag Vertical Curve Unsymmetrical Sag Vertical Curve
x.	Junction Type	Round about Staggered Y-Junction Four-arm Square Junction More than Four-arm Elevated Junction (3-arm/4-arm) Four-arm Cross Junction
		Guarded Level Crossing Unguarded Level Crossing T-Junction
xi.	Junction Control	No Control Flashing Signal Give Way Sign Stop Sign Traffic Signals Manned Control
xii.	Sight Distance	Available to Junction Available to Curve Straight Reach Not Applicable
xiii.	Speed Limit	Below 40 40 – 60 60 – 80 80 – 90 Above 90 Not Available

xiv.	Road Margins	Shoulders Pedestrian / Cycle Track Bus Bay Guard Rails / Crash Barriers Service Lane Parking Lane Not Applicable
xv.	Type of Terrain	Plain Terrain (0 to 10%) Rolling Terrain (10 to 25%) Mountainous Terrain (25% to 60%) Steep Terrain (Above 65%)
xvi.	Type of Surface Gradient	Ruling Gradient Limiting Gradient Minimum Gradient Floating Gradient Exceptional Gradient Average Gradient
xvii.	Physical divider / Barrier	Yes No
xviii.	Type of Median	Depression / Flush Median Crash Barrier Flexible / Portable Divider Concrete Divider Raised Median with Anti-Glare Measures Raised Median without Anti-Glare Measures Kerb Median
xix.	Pedestrian Infrastructure	Footpath Footpath with Guard Rail Signalized Zebra Crossing Un Signalized Zebra Crossing Signalized Mid-Block Zebra Crossing Unsignalized Mid-Block Zebra Crossing Foot Over Bridge Subway Tabletop Crossing Not Applicable
xx.	Ongoing Road Work	Yes No
xxi.	Road Markings	Available Faded Not Available

xxii.	Road Sign Board	Available and Reflective Available and Non Reflective Not Available
xxiii.	Factors of Road Accident	Road Obstructions Uneven Road Surface Slippery Road Surface Narrow Width Non Provision of Parapets / Crash Barrier Inadequate Sight Distance Illegal Parking / Abandoned Vehicle Road / Building Construction Work Blind Curve Not Applicable

S.H.O./I.O

P.I.S./EMPLOYEE No. : 1989008322

Phone No: 7407376184

P.S. : Kalimpong

Date : _____

FORM-X**VERIFICATION REPORT**

By Investigating Officer to Claims Tribunal Along with DAR within ninety (90) days
of Accident through information available on VAHAN Database

FIR No.	Kalimpong PS Case No. 156/23
Date	27/11/2023
Under Section	279/304(A) I-P.C.
Police Station	Kalimpong

1.	Vehicle Registration No.	WB 79 A 3924
	Validity Period	2/03/2035
2.	Engine No.	K10BN8334266
3.	Chassis No.	MA3JMT315LA266055
4.	Category of Vehicle	LMV/HMV/MGV <input checked="" type="checkbox"/> Private or Commercial
5.	Vehicle Make & Model	
	Make	Waganyer
	Model	2020
6.	Owner Details	
	Name	Bishal Chhetri s/o - Anuragshyam Chhetri
	Address	Nelli Bazar, South Sikkim
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	
	Validity	
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	
10.	In case record not available, state reasons	

S.H.O./I.O

P.I.S./EMPLOYEE No. : 1989008322

Phone No. : 7407376184

P.S. : Kalimpong

Date : _____