

FORM 54

[Sec Rule 150(a) and (2)]

Accident Information Report

- 1. Name of the Police Station:**Reang PS
- 2. CR. No. /Traffic Accident Report:** Reang PS Case No 81/23 dt 06.12.23 U/S 279/337/338 IPC
- 3. Date, Time and Place of the accident:** 04.12.23 at 13:40 hrs at PanbuRoad near Kalijhora Dam TLD-IV, PS Reang , Dist- Kalimpong
- 4. Name and full address of the injured / deceased:** i.RohitThapa S/O Gopal Singh ThapaOf Chandbarojote, Baramohanshinghote,DurgaMandir,KadamtalaMatigara, Ranidanga, Darjeeling ,West Bengal-74011H/O Deepa Lama
- 5. Name of the hospital to which he/she was removed:** NeotiaGetwell Siliguri [Darjeeling]
- 6. Registration Number of vehicle and the type of the vehicle:**Bike Bearing Registration no –WB 74 BG 0474
- 7. Driving License particulars:**WB 7320130132641
- 8. Name and address of the owner of the vehicle:-**RohitThapa S/O Gopal Singh Thapa Of Chandbarjote ,Baramohanshinghote ,DurgaMandir ,KadamtalaMatigara,Ranidanga ,Darjeeling 74011
- 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. Policy / Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificate Policy No.** NIL
- 11.Registration particulars of the vehicle (Class of vehicles):**WB 74 BG 0474 One Motorcycle Bearing
- 12. Permit Particulars:**NIL
- 13.Action taken if any, and the result there of:** Reang PS Case No 81/ 23 dt 06/12/23 U/S 279/337/338 IPC

Submitted

SI KartickTalukder

Of Reang PS,Dist Kalimpong

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.	Reang P.S Case No. 81/2023
Date:	Dated: 06.12..2023.
Under Section:	279/337/338 IPC
Police Station:	Reang P.S, Dist. Kalimpong.

1.	Date of Accident	06.12.2023
2.	Time of Accident	At around 13:40 hrs
3.	Place of Accident	Near NHPC DAM ,Kalijhora ,Panbu Road ,PS Reang ,Dist- Kalimpong
4.	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police Others
	Name, mobile number & address of the Informant	
	Name	Rohit Thapa
	Mobile No.	9732056273
	Address	Chandbar jote,,Baramohanshng h jote,Durga Mandir ,Kadamtala Matigara ,Ranidanga, Darjeeling 734011
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number of Vehicles involved	Bike Bearing Registration No-WB 74 BG0474
	Whether Registration Number of the Offending Vehicle known	Yes No
	Whether offending Vehicle impounded by the police	Yes No
	Whether the driver of the offending vehicle found on the spot	Yes No
	Number of Fatalities	NIL
	Number of Injured	02 (one)
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	Neotia Getwell Siliguri
	Address	Siliguri Near City Center , Darjeeling
	Doctor's Name	Not known

7.	Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR	Yes	<u>No</u>
8.	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)		
	Details	Vehicle 1 (Offending vehicle)	Vehicle 2(Offending vehicle)
	Vehicle Details		
	Vehicle Registration No.	WB 74 BG 0474	
	Driver Details		
	Name of the Driver	Rohit Thapa	
	Address of Driver	S/O Gopal Singh Thapa Of Chandbar jote, Baramohansingh jote, Durga Mandir , Kadamtala Matigara,Ranidanga,Darjeeling-734011	
	Mobile No. of Driver	Not known	Not Known
	Owner Details		
	Name of the Owner	Rohit Thapa	
	Address of Owner	S/O Gopal Singh Thapa Of Chandbar jote, Barmohansingh jote, Durga Mandir ,Kadamtala Matigara , Ranidanga , Darjeeling -734011	
	Mobile No. of Owner	Not known	Not Known
	Insurance Details		

	Insurance Policy No.	NIL	NIL
	Period of Insurance Policy	NIL	NIL
	Name of Insurance Company	NIL	NIL
	Address of Insurance Company	NIL	NIL
9.	Details of Victim(s)		
	Name	Deceased /<u>Injured</u>	Address & Contact Details
i.	Rohit Thapa H/O Deepa Lama	Injured	Chandbar jote, Barmohansingh jote, Durga Mandir, Kadamtala Matigara, Ranidanga , Darjeeling- 734011
ii.			
iii.			
iv.			
v.			
vi.			
	10. Other Accident Details		
i.	Reporting Date & Time	On 06/12/2023 At around 13:40hrs	
ii.	Landmark	Near NHPC DAM ,Kalijhora ,Panbu Road ,PS Reang Dist- Kalimpong	

iii.	Severity	Fatal Grievous Injury <u>Simple Injury hospitalized</u> Simple Injury Non hospitalized No Injury	
iv.	Count of	Injured	Death
	Drivers	01	Nil
	Passengers	01(owner)	Nil
	Pedestrians	Nil	Nil
	Animal	Nil	Nil
v.	Collision Type	<u>Vehicle to Vehicle</u> Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi.	Collision Nature	<u>Head on Collision</u> Hit Parked Vehicle Hit tree Hit Fixed/Stationary Object Hit from Back Hit from Side Run off Road Overturn Skidding /Overturn Sideswipe Vehicle Fell in Gorge/Ditch/Well Vehicle Fell in River	
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 <u>Blind Bend / Curve</u> Alcohol abuse Carrying people in loaded vehicle Changing lane without care Dangerous Overtaking Distraction to Driver Driving against flow of traffic Drugs Abuse <u>High Speed</u> <u>Inattentive Turn</u> Accident Due to road Condition Accident Due to Weather Condition	

		<p>Accident due to Heavy Traffic</p> <p>Non-respect of rights of way rules Red Light jumping</p> <p>Overloaded</p> <p>Accident due to Vehicle Defect</p> <p>Over speed while crossing Zebra crossing</p> <p>Over speed while crossing speed breaker</p>
viii.	Weather Condition	<p>Sunny / Clear Cloudy</p> <p><u>Light Rain</u></p> <p>Heavy Rain</p> <p>Flooding of Causeway /Rivulets</p> <p>Hail/Sleet</p> <p>Snow Smoke/ Dust</p> <p>Strong Wind Cold Hot</p>
ix.	Light Condition	<p><u>Day</u></p> <p>Twilight</p> <p>Darkness with street lights on</p> <p>Darkness with poor street light</p> <p>Darkness-No street light</p>
x.	Accident Spot	<p>Residential Zone</p> <p>Market Zone</p> <p>Institutional Zone</p> <p><u>Open area</u></p> <p>Commercial Zone School Zone</p> <p>College Zone</p> <p>Other Educational Institutional Zone (Specify) Govt. Institutional Zone</p> <p>Hospital Zone</p> <p>Industrial Zone</p> <p>Harbour Zone</p>
xi.	Visibility	<p>Less than 25Meters</p> <p>25 Meters</p> <p><u>50Meters</u></p> <p>75Meters</p> <p>100 Meters and Above</p>
xii.	Load Condition (1)	<p>Excess Passengers</p> <p>Normally Loaded</p> <p>Empty</p> <p><u>Not Known</u></p>
xiii.	Load Condition (2)	<p>Excess Goods</p> <p>Goods Overheight</p> <p>Goods Rear Overhanging</p> <p>Goods Side Overhanging</p> <p>Normally Loaded</p> <p>Empty</p> <p>Not Known</p>

xiv.	Road Classification	Expressway <u>National Highway</u> State Highway Major District Road Other District Road Village Road Arterial Road Sub Arterial Road Collector Road Local Road
xv.	Local Body	Corporation Municipality <u>Panchay</u> <u>at</u>

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

Sd/-

SI Kartick Talukder
(Investigating officer)
Phone No: 9883439368
P.S.: Reang
Date: 21/09/2023



Form No. 27

FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

1109

06/12/2023

P.S. Reang Year 2023 FIR No. 81/23 Date 06/12/2023

Sections (ii) Act Sections 378

Act (iv) Others Acts & Sections Sections 489/1/11

Occurrence of Offence: Day 06/12/2023 Date From 15:30 Date To 16:15

Time Period 15:30 Time From 16:15 Time To 16:15

Information received at P.S. Date 15/12/2023 Time 16:15

General Diary Reference: Entry No. (s) 12 Written/Oral Oral Beat No. 85-24

Type of Information: 12 Place of Occurrence: (a) Direction and Distance From P.S. near NATE BAPT. CHURCH, Reang

Address Dist. Kalimpong

In case outside limit of this Police Station, then the Name of the P.S. Reang District West Bengal

Complainant / Informant: Name Diksha Thapa

Father's / Husband's Name LT. Gobind Singh Thapa Indian

Date / Year of Birth 15/08/2000 (d) Nationality Indian

Passport No. Nil Date of Issue Known Place of Issue Reang

Occupation Kadamtala, PS Malijora Sibpur

Address Kadamtala, PS Malijora Sibpur

Details of known / suspected / unknown accused with full particulars (Attach separate sheet, if necessary):

Driver of the bike bearing registration no. WB 14 BS 0144, Rohit Thapa.

Reasons for delay in reporting by the Complainant / Information: Due to engage in school treatment

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

One motorcycle bearing registration no. WB 14 BS 0144.

Total value of properties stolen / involved N/A

Request Report/U.D. Case No. if any N/A

Report Contents (Attach separate sheet, if required) Attached herewith/reproduced verbatim

Action taken: Since the above report reveals commission of offence(s) as mentioned in item No. 2 registered

the case and took up to the investigation / directed original with complainant to take up investigation / refuse

investigation / transferred to P.S. on point of jurisdiction. FIR read

to the Complainant Informant, admitted to be correctly recorded and a copy given to the Complainant /

Informant free of cost.

Officer-in-charge
Reang Police Station
Dist. Kalimpong

[Signature]

06/12/2023

Date: 6/Dec/2023


To,
The Officer Incharge,
Reang Police Station, Rambh Bazar
Dist. Kalimpong.

Sub: FIR Regarding an accident case.

Respected Sir,
With humble request I, Diksha
Thapa, Resident of Kadamtala, P.S. Matigola,
Dist. Jalpaiguri - 734011 would like to inform
that my brother Rohit Thapa Aged 39yrs
and my sister-in-law Deepa Lama Aged 40yrs
while returning from Pambu village from
his inlaws house met an accident near
Pambu Road by Bike WB-74 BG0474
near by timing 1.40pm on 04/Dec/2023
Hence, due to their critical condition
they have been admitted in Neotia Getwell
Siliguri. Hence, I am requesting for a FIR
to be lodged regarding the matter for the delay
of FIR because of patient medical treatment.

Therefore, kindly look into the matter,
I would be highly thankful to you!

Received on 06/12/2023 vide Reang
PS GDE No- 153 Dt- 06/12/2023
and started a specific case vide
Reang/PS case no- 81/23, Dt- 06/12/23
V/S- 279/337/338 SPe.


Officer in-charge
Reang Police Station,
Dist- Kalimpong

Yours faithfully
Diksha Thapa
(Sister)
Ph- 9732056273.
D/O - Lt Gopal Singh Thapa
Siliguri

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

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

Phone No.: _____

P.S. : _____

Date : _____

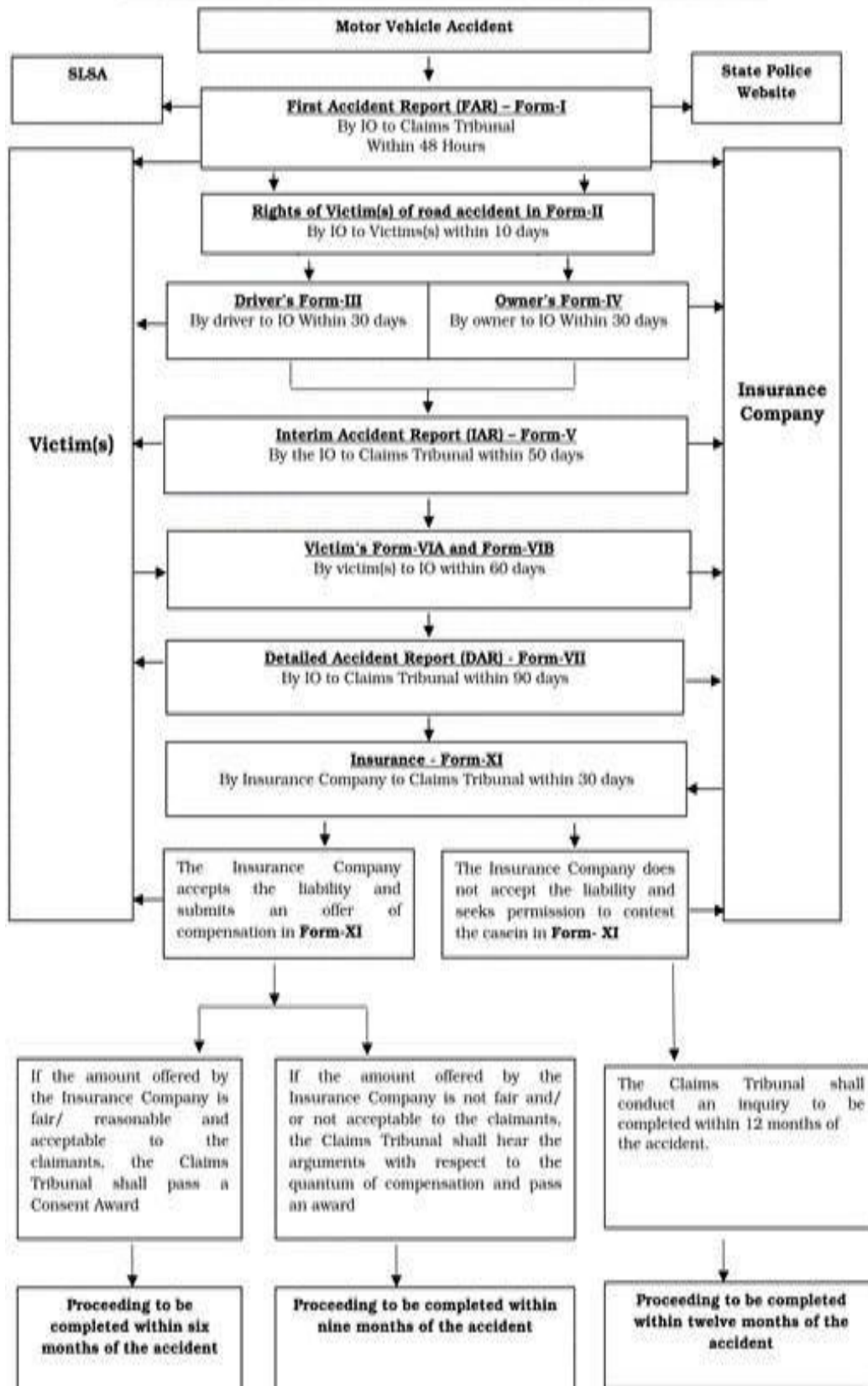
Acknowledgement of the Victim/Family Members/Legal Representatives

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.

Victim/Family Members/Legal Representatives

Date : _____

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS



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.	81/23
Date	06/12/2023
Under Section	279/337/338 IPC
Police Station	Reang P.S., Dist. Kalimpong

1.	Driver Details	
	Name	Rohit Thapa
	Father's Name	S/O Gopal Singh Thapa
	Mobile No.	7548099339
	Address	Chandbar jote, Baramohanshng hote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011
2.	Age/Date of Birth	10/04/1984
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. NIL
7.	Driving Licence	Permanent Learner's Juvenile Without License Others(Specify)
8.	Driving Licence No.	WB7320130132641
9.	Period of Validity of Licence	06.07.13 TO 05.07.33
10.	Licensing Authority	SILIGURI

11.	Vehicle Registration No.	WB 74 BG 0474
12.	Vehicle Type	Two Wheeler
13.	Owner Details	
	Name	Rohit Thapa
	Mobile No.	7548099339
	Address	Chandbar jote, Baramohanshng h jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011
14.	Insurance Details	
	Policy No.	0147448602
	Period of Policy	25.6.2021 02:18 PM TO 24.06.2026 11:59 PM.
	Name of Insurance Company	TATA AIG
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 NotKnown
v.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
vi.	Seatbelt/ Helmet	Yes No NotKnown
vii.	Drunk Driving	Yes No NotKnown
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 _____ on this _____ 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.	81/23
Date	06/12/2023
Under Section	279/337/338 IPC
Police Station	Reang P.S., Dist. Kalimpong

1.	Vehicle Details	
	Registration No.	WB 74 BG 0474
	Colour	BAKERS EXPRESS WHITE
	Make	ROYAL ENFIELD (UNIT OFEICHER LTD)
	Model	INTERCEPTOR 650
	Year of Manufacture	04/2021
	Chassis No.	ME3P7A6FDM1000790
	Engine No.	P7A6FMD1080370
	Registering Authority Name	SILIGURI M.V DEPTT.
	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 Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle	

		Public Service Vehicle Educational Institute Bus Others (Specify)
2.	Owner Details	
	Name <i>In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988</i>	Rohit Thapa
	Father's Name	S/O Gopal Singh Thapa
	Mobile No.	7548099339
	Address	Chandbar jote, Baramohanshngh jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011
	Occupation	Govt job
3.	Driver Details	
	Name	Rohit Thapa
	Father's Name	S/O Gopal Singh Thapa
	Mobile No.	7548099339
	Address	Chandbar jote, Baramohanshngh jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011
	Driving Licence No.	WB7320130132641
	Period of Validity	06.07.13 TO 05.07.33
	Licensing Authority	SILIGURI
4.	Insurance Details	
	Policy No.	0147448602
	Period of Policy	25.6.2021 02:18 PM TO 24.06.2026 11:59 PM
	Name of Insurance Company	TATA AIG
	Address of Insurance Company	Infinity square, evoke road, near cosmos mall,Siliguri.West Bengal - 734001
	Details of previous Insurance Policy	NILL
	Whether the vehicle previously involved in any MACTcase? <i>If yes, give details of FIR and MACT case.</i>	NIL
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	11/07/2024
v.	Tax Details	
vi.	Seat Capacity	
vii.	Insurance Company	

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 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.	81/23
Date	06/12/2023
Under Section	279/337/338 IPC
Police Station	Reang P.S Dist. Kalimpong

1.	Date of Accident	04.12.2023	
2.	Time of Accident	13:40 hrs.	
3.	Place of Accident	Panbu Road near Kalihjora Dam TLD IV, P.S Reang, Dist Kalimpong.	
4.	Offending Vehicle		
	Registration No.	WB 74 BG 0474	
	Vehicle Make	ROYAL ENFIELD (UNIT OFEICHER LTD)	
	Vehicle Model	INTERCEPTOR 650.	
5.	Driver of the offending vehicle		
	Name	Rohit Thapa	
	Father's Name	S/O Gopal Singh Thapa	
	Mobile No.	7548099339	
	Address	Chandbar jote, Baramohanshng h jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.	WB7320130132641	
	Validity of Licence	06.07.13 To 05.07.33	
	Licensing Authority	SILIGURI	
	6.	Owner of the offending vehicle	
		Name	Rohit Thapa
Father's Name		S/O Gopal Singh Thapa	
Mobile No.		7548099339	
Address		Chandbar jote, Baramohanshng h jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011	
7.	In case of commercial vehicle		
	Permit details		
	Fitness details		
8.	Insurance Details		

	Policy No.	0147448602		
	Period of Policy	25.6.2021 02:18 PM TO 24.06.2026 11:59 PM.		
	Name of Insurance Company	TATA AIG		
	Address of the Insurance Company	Chandbarjote, Baramohanshghjote, DurgaMandirKadamtalaMatigara, Ranidanga. Darjeeling 734011		
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 :- Brief fact of the case is that on 06.12.23 received a written complaint from onrDikshaThapa D/O Lt Gopal Singh Thapa of Kadamtala PS Matigara,Dist Darjeeling That her Brother RohitThapa (39/Yrs) and her sister in law Deepa Lama(F/40)while Returning from Panbu Village met an accident near Panbu Road by Bike bearing no WB 76 BG 0474 at 13:40 PM on 04.12.2023 and they had been admitted in NeotiaGetwell Siliguri due to their critical condition.			
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. <i>If yes, attach the Verification Report.</i>	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 Ha 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 PillionRide r
		Rear Seat
ix.	Seatbelt/ Hemet	Yes No NotKnown
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. : _____

Phone No.: _____

P.S. : _____

Date : _____

Documents to be attached:

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

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.	81/23
Date	04.12.2023
Under Section	279/337/338 IPC
Police Station	Reang P.S Dist. Kalimpong

1.	Date of Accident	04.12.2023
2.	Time of Accident	13: 40 hrs.
3.	Place of Accident	Panbu Road near Kalihjora Dam TLD IV, P.S Reang, Dist Kalimpong.
4.	Nature of case	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury
5.	Registration Number of the offending vehicle	WB 74 BG 0474
6.	Owner Details	
	Name	Rohit Thapa
	Address	Chandbar jote, Baramohanshng h jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011
7.	Driver Details	
	Name	Rohit Thapa
	Address	Chandbar jote, Baramohanshng h jote, Durga Mandir Kadamtala Matigara, Ranidanga. Darjeeling 734011
8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	

DEATH CASE

9.	Name of the deceased	
10.	Father's Name	
11.	Age / Date of Birth	
12.	Date of death	
13.	Gender of the deceased	
14.	Marital status of the deceased	
15.	Occupation of the deceased	
16.	If the deceased was employed, give the name and address of the employer	
17.	Income of the deceased	

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				
21.	Whether the victim got reimbursement of medical expenses from his employer or under a Medclaim policy or under any government cashless treatment scheme or government insurance scheme <i>If yes, provide details</i>				
22.	Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased				
	Name	Age / Date of Birth	Gender	Relation	Marital Status
i.					
ii.					
iii.					
iv.					
v.					
vi.					
23.	Name, Contact Number and Address of Legal Representatives of the deceased				
	Name	Contact Number	Present Address as well as Permanent Address		
i.					
ii.					
iii.					
iv.					
v.					
vi.					
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.					
ii.					
iii.					
iv.					
v.					
vi.					
<u>INJURY CASE</u>					
25.	Name of the Injured				

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 HospitalName Period ofHospitalization Doctor'sName			
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.			
	ii.			
	iii.			
	iv.			
	v.			
	vi.			
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.			
	ii.			

iii.				
iv.				
v.				
vi.				
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 insurancescheme <i>If yes, provide details</i>		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			
iii.	State			
iv.	District			
v.	Address			
vi.	Pincode			
vii.	Hospital Type		Government Private	
viii.	Classification (if Government)		Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions	
ix.	Speciality (if Private)		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 &Nech Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine
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		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	
xi.	National Identification Number (NIN)	
xii.	Landline	
xiii.	E-Mail	
xiv.	Username	
xv.	Password	
xvi.	Retype Password	
xvii.	Hospital Location	
xviii.	Police District	
xix.	Police Station	
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	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
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 AadhaarCard 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 LowerLimb 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 Medical claim 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 Medical claim policy, if taken
9. Any other document

Other documents to be submitted

1. XRay
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-VI A

VICTIM'S FORM RELATING TO MINOR CHILDREN OF VICTIM(S)

By Victim(s) to Investigating Officer within sixty (60) days of Accident
Copy to Child Welfare Committee and SLSA

FIR No.	
Date	
Under Section	
Police Station	

Details of the Minor Children (18 years or below)

S. No.	Details of Children	Child 1	Child 2	Child 3	Child 4
1.	Name				
2.	Age/Date of Birth				
3.	Sex				
4.	SC/ST/OBC/ General				
5.	Father's Name				
6.	Mother's Name				
7.	Guardian's Name (If different from parent)				
8.	Family Income (Annual)				
9.	Permanent Address				
10.	Present Address				
11.	Contact No. of father/ mother / family member				
12.	Whether the child is differentlyabled: <i>If yes, give details</i>				
13.	Present living conditions/ economic condition (after the accident)				

Educational details of children

14.	Current status of education				
	Level of education (class)				
	Whether the child is enrolled under EWS quota				
15.	If not attending school, reasons to be provided				
16.	Detailed information of the school where the child is studying				
	Corporation/ Municipal/ Panchayat				
	Govt./Other Boards				

	Private Management				
17.	Expenditure on education				
	Monthly school tuition fee				
	Annual school fee				
	Private tuition / coaching fee				
	Any other expenditure / logistics fee				
18.	Vocational training / skill development, if any				
	Type of skill development				
	Cost involved				
Health and Nutrition					
19.	Physical health condition of the child (including medical examination report, in case of any disability)				
	Any injury to child. If yes, details to be given				
	Loss of any body part due to accident				
20.	Mental health condition of the child				
	Whether immediate psychological counseling / treatment/ support required				
	Whether long term support required				
21.	Medical expenses, if any				
	Cost involved in immediate medical treatment				
	Cost involved in long term medical treatment				
22.	Diet and nutrition expenses				

Documents to be submitted:

1. Copy of school/educational institution ID,
2. Copy of Aadhar card
3. Proof of education fee
4. Proof of other expenses/expenditure of the children
5. Copy of medical documents
6. Disability Certificate, if applicable
7. Copy of Caste certificate, if applicable
8. Copy of Income certificate, if applicable

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

Victim(s)

Name and photograph of all the Minor Children

S. No.	Name	Photograph
1.		
2.		
3.		
4.		

Note:

1. **Forms-VI** and **VIA** to be sent by Investigating Officer to the concerned Child Welfare Committee to ascertain if the Child is in Need of Care and Protection(CNCP).
2. Copy of **Forms-VIA** and **VIB** to be sent to State Legal Services Authority(SLSA) to assign a lawyer to assist the child/children to avail their legal remedies/rights.

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 SLISA

FIR No.	81/23
Date	06.12.2023
Under Section	279/337/338 IPC
Police Station	Reang PS Dist Kalimpong

1.	Date of Accident	04.12.2023	
2.	Time of Accident	At 13:40 hrs.	
3.	Place of Accident	Panbu Road near Kalihjora Dam TLD IV, P.S Reang, Dist Kalimpong.	
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 74 BG 0474	
	Make	Royal Enfield.	
	Model		
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn CartBus 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 (Two Wheeler)	

6.	Driver of offending vehicle		
	Name	Rohit Thapa	
	Father's Name	Gopal Singh Thapa	
	Mobile No.	754809933	
	Address	Chandbaro jote, Baramohanshingh jote, Durga Mandir Kadamtala, Ranidanga Darjeeling 74011	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.	WB7320130132641	
	Validity of Licence	06.07.13 TO 05.02.33	
	Licensing Authority	SILIGURI	
7.	Owner of offending vehicle		
	Name	Rohit Thapa	
	Father's Name	Gopal Singh Thapa	
	Mobile No.	754809933	
	Address	Chandbaro jote, Baramohanshingh jote, Durga Mandir Kadamtala, Ranidanga Darjeeling 74011	
8.	Insurance Details of offending vehicle		
	Policy No.		
	Period of Policy		
	Name of Insurance Company		
9.	Whether License has been verified from the Authority. <i>If yes, attach report 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	Owner Paid Driver 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)	
<u>DEATH CASE</u>			
21.	Name of the deceased		
22.	Age of the deceased		
23.	Occupation		
24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		
<u>INJURY CASE</u>			
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. : _____

Phone No.: _____

P.S. : _____

Date : _____

