

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. 65/2023
Date:	Dated: 24.09.2023.
Under Section:	279/337/338/427 IPC
Police Station:	Reang P.S, Dist. Kalimpong.

1.	Date of Accident	23.09.2023
2.	Time of Accident	At around 23:30 hrs
3.	Place of Accident	11 Km on the West JL No. 78, Near Seti Jhora, NH-10, P.S Reang, District Kalimpong.
4.	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police Others
	Name, mobile number & address of the Informant	
	Name	Anupam Chatterjee
	Mobile No.	
	Address	City Palace, FAIat No. D/432, Adityapur Mai Road, Dist. Saraikela Kharswn, State: Jharkhand-831013
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number of Vehicles involved	(01)One Transit Mixer Vehicle (Ashok Leyland) bearing Registration No.WB 73G 3792

	Whether Registration Number of the Offending Vehicle known	<u>Yes</u>	No
	Whether offending Vehicle impounded by the police	<u>Yes</u>	No
	Whether the driver of the offending vehicle found on the spot	<u>Yes</u>	<u>No</u>
	Number of Fatalities	NIL	
	Number of Injured	01 (one)	
6.	Details of the Hospital where victim(s) taken		
	Hospital Name	Anandalohe Multispecialty Hospital	
	Address	2 nd Mile, Sevoke Road, Siliguri, Dist. 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 Details		
	Vehicle Registration No.	WB73G 3792	
	Driver Details		
	Name of the Driver	Rupen Biswakarma	
	Address of Driver	S/O Gorey Biswakarma of Village & P.O Kalijhora, Riyang Forest, PS Kurseong, Dist. Darjeeling	
	Mobile No. of Driver	Not known	Not Known
	Owner Details		
	Name of the Owner	ITD Cementaton India Ltd H/O Mrs.	
	Address of Owner	H/O Mrs. Bindu Chettri Thapa, Near Forestry Range Office, At- Kalijhora Bazar, P.O Kalijhopra, Dist.Darjeeling	
	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.	Rupen Biswakarma S/O Gorey Biswakarma	Injured	Village & P.O Kalijhora, Riyang Forest, PS Kurseong, Dist. Darjeeling
ii.	Khushnam Bhujel S/O Late Bishan Bhujel	Unknown	Karmat Busty, Sevoke PP, PS Kurseong, Dist. Darjeeling
iii.			
iv.			
v.			
vi.			
10. Other Accident Details			
i.	Reporting Date & Time	On 24.09.2023 at 11:25 hrs	
ii.	Landmark		
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`	Unknown
	Pedestrians	Nil	Nil
	Animal	Nil	Nil

v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal <u>Skidding</u>
vi.	Collision Nature	Head on Collision 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 <u>Vehicle Fell in River</u>

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

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.	REANG P.S Case No 65/2023
Date	Dated 24/09/2023
Under Section	279/337/338/427 IPC
Police Station	REANG P.S Dist Kalipong

1.	Driver Details	
	Name	Ripen Biswakarma
	Father's Name	Gory Biswakarma
	Mobile No.	8967831362
	Address	Kalijhora Bazar Riyang Forest
2.	Age/Date of Birth	09/04/1987
3.	Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
4.	Educational Qualifications	Primary <input checked="" type="checkbox"/> Senior Secondary Certificate <input type="checkbox"/> Higher Secondary Certificate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Uneducated <input type="checkbox"/>
5.	Occupation	Private Service <input checked="" type="checkbox"/> Government Job <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others <input type="checkbox"/>
6.	Monthly Income	15000/-
7.	Driving Licence	Permanent <input checked="" type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify) <input type="checkbox"/>
8.	Driving Licence No.	WB73 2009 0326576
9.	Period of Validity of Licence	Utl 30-06-2036
10.	Licensing Authority	L.A. Siliguri

11.	Vehicle Registration No.	WB573H3792
12.	Vehicle Type	Tramix Mixer
13.	Name	MAHESH AUTO ENGINEERING WORKS
	Mobile No.	
	Address	D199, MIDC AWDHANDHULE, TALDISTDHULE
14.	Insurance Details	
	Policy No.	06-23-1919-1811-00000323
	Period of Policy	01-01-2023 00:01 TO 31-12-2023 MIDNIGHT
	Name of Insurance Company	BALAJI ALLIANZ GENERAL INSURANCE CO. LTD.
15.	Other details	
i.	Nationality of Driver	Indian <input checked="" type="checkbox"/> Foreigner <input type="checkbox"/>
ii.	Occupation of Driver	Advocate Business Clerk Doctor Driver <input checked="" type="checkbox"/> Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Injury Type	Back Injury <input checked="" type="checkbox"/> Buttocks Injury Chest Injury Face Hand <input checked="" type="checkbox"/> Head Hip <input checked="" type="checkbox"/> Knee

		Leg Neck Not Applicable Shoulders Injury Abdominal
iv.	Cell Phone Driving?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known
v.	Severity	Fatal Grievous Injury Simple Injury Hospitalized <input checked="" type="checkbox"/> Simple Injury Non Hospitalized No Injury
vi.	Seatbelt/ Helmet	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known
vii.	Drunk Driving	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Unknown Without License LLR/LMV Not Applicable Juvenile

Verification:

Verified at _____ on this Sunday day of 08/10/2023 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:

- iv. ID/address proof
- v. Driving Licence
- vi. Insurance Policy

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 : _____

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.	65/23
Date	24-09-2023
Under Section	279/337/338/427
Police Station	REANG

1. Vehicle Details	
Registration No.	WB73G 3792
Colour	WHITE
Make	ASHOK LEYLAND LTD.
Model	UE 2820/39 R RMC
Year of Manufacture	06/2022
Chassis No.	MBLH3LHD4NRGY4570
Engine No.	NHHZ415739
Registering Authority Name	SILIGURI M.V. DEPTT.
Vehicle Type	<div>Motorised 2-wheeler</div> <div>Auto</div> <div>Car/Jeep/</div> <div>Taxi</div> <div>Cycle</div> <div>Rickshaw</div> <div>Bicycle</div> <div>Hand Drawn Cart</div> <div>Tempo/Tractor</div> <div>Bus</div> <div>Truck/Lorry</div> <div>Animal Drawn Cart</div> <div>Heavy Articulated Vehicle/ Trolley</div> <div>Not Known</div> <div><input checked="" type="checkbox"/> Other (Specify) - TRANSIT MIXER</div>
Vehicle Use Type	<div>Private Vehicle</div> <div><input checked="" type="checkbox"/> Commercial Vehicle</div> <div>Goods & Carriage</div> <div>Garbage Truck</div> <div>Taxi/Hired Vehicle</div>

		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>	ITD Cementation India Limited
	Father's Name	ANUPAM CHATTERJEE (PROJECT MANAGER)
	Mobile No.	GOUR CHANRA CHATTERJEE 8340540480
	Address	CITY PALACE, FLAT No. - D/32, ADITYAPUR MAIN ROAD JHARKHAND PIN- 831013
	Occupation	SERVICE
3.	Driver Details	
	Name	RUPEN BISWAKARMA
	Father's Name	GORE BISWAKARMA
	Mobile No.	8967831362
	Address	NA 31A, KALIJHORA, DARJELING, WB - 734320
	Driving Licence No.	WB 73 2009 0326576
	Period of Validity	(NT) 30-06-2036, (P) 22-10-2024
	Licensing Authority	L.A. SILIGURI
4.	Insurance Details	
	Policy No.	OG-23-1919-1811-00000323
	Period of Policy	From 01-Jan-2023 00:01 To 31-Dec-2023 Midnight
	Name of Insurance Company	BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.
	Address of Insurance Company	Bajaj Allianz House, Airport Road, Yeswada, Pune, 411006
	Details of previous Insurance Policy	Not Known NA
	Whether the vehicle previously involved in any MACT case? <i>If yes, give details of FIR and MACT case.</i>	Not Known NO
5.	In case of commercial vehicle	
	Permit details	No. - WB2022-GP-0831C, Valid upto - 28-Aug-2024
	Fitness details	28-Jul-2024
6.	Whether the owner reported the accident to the Insurance Company	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7.	Other details	
i.	Load Category	Passengers Goods <input checked="" type="checkbox"/>
ii.	Age of vehicle	01 year 01 month

iii.	Vehicle Description	HMV/TRANSIT MIXER - BS VI
iv.	Pollution under Control Certificate Validity	17/08/2024
v.	Tax Details	Paid upto 28/10/2023
vi.	Seat Capacity	02
vii.	Insurance Company	BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.

Verification:

Verified at Reang on this _____ day of 2023 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:

- vii. ID/address proof
- viii. Registration Certificate
- ix. Driving License of the Driver
- x. Insurance Policy
- xi. Permit
- xii. Fitness

Date 12-10-2023

MECHANICAL EXAMINATION REPORT

Ref. REANG, P.S, D/R, No, 2490 /2023. Dated. 11-10-2023.

PS:Reang.Kalimpong .

Case No. / M.A Case No. : 65 / 2023. Dated. 24-09-2023.
U/S, 279 / 337 / 338 / 427.IPC.

Name and designation of the Motor Vehicle
Inspector/Expert:Bholanath Baruri / Automobile Engineer / Mechanical Expert .

Venue and Date of Examination : At Rambh Bazar Under Reang P.S on 12-10-2023.

1. Details of the Vehicle, (Attach close view and long view photo)

- Make ASHOK LEYLAND LTD .
- Type TRANSIT MIXER .
- Model 2022 .
- Registration Number WB 73 G 3792 .
- Chassis Number MB1H3 LHD4NRGY 4570 .
- Engine Number NHHZ 415739 .
- Colour WHITE .
- Distinguishing Features (Basically please write if the vehicle can be identified without the registration number like some specific Name / Painting on the Body / Windscreen etc)
Nil .

1. General Description from outside - Eye View -

- Point of contact between the vehicles and signs of exchange of paint-

Nil .

b. Description of damage caused (specify)-

Front show, bumper, mudguard, driver's cabin, rear mixer body, front and rear both side road spring, tierod, draglink, radiator, waterpump, engine fan engine, propshaft is badly damage and front windshield glass, all door glass, battery, meter assy, both side sideview mirror, both side head and front and rear both side brake and indicator light is broken .

c. Any other point of interest-

Nil .

2. Condition of Brakes (Please attach Photographs)

a. Are the brakes OK?

Yes ☐ No ☒

b. Are they worn out?

Yes ☐ No ☒

c. Whether the brakes show wear and tear due to sudden application of the brakes at the time of accident?

Yes ☐ No ☒

d. Are there signs of brake failure which could have lead to the accident?

Yes ☐ No ☒

3. Condition of Tyres (Please attach Photographs)

a. Do the tyres conform to the standards stipulated in MV act 1988?

Yes ☒ No ☐

b. Are the tyres worn out or resoled?

Yes ☐ No ☒

c. Do the tyres reveal any mark of skidding due to sudden deceleration by observing the wear and tear and the groove pattern?

Yes ☐ No ☒

d. Can the condition of the tyres be held responsible for the extra distance covered even after braking?

Yes ☐ No ☒

e. Were the tyres found punctured? If yes specify whether before or after the accident collision.

Yes ☐ No ☒

There is no any puncture found at the time of examination .

4. Condition of Gears -

a. Whether the gear lever, gear pinion, gear handle and clutch were in flexible state at the time of accident?

Yes ☒ No ☐

b. Whether these parts are in sufficiently lubricated condition?

Yes ☒ No ☐

5. Condition of Steering -

a. Whether steering is adequately mobile?

Yes ☐ No ☒

b. Whether the tie rod is in perfect working condition

Yes ☐ No ☒

6. Condition of Lights -

a. Whether the Head Light / Fog Light / Indicator of the vehicle are in working condition?

Yes ☐ No ☒

b. If not, is the same due to accident or were faulty even before the accident?

Light's are not working properly due to accident .

7. Condition of battery :-

What is the Condition of battery?

Battery is badly damage due to accident .

Condition of Rear View Mirrors -

- a. Are the Rear view mirrors present inside the vehicle, and both on the left and right side of the vehicle?

Yes ☐ No ☒

9. Rear-end conspicuity in cases of rear-end collision (CMVR, 1989, RULE NO. 104)
Nil .

10. Condition of Speed Governors:-

- a. Whether speed governor have been installed?

Yes ☒ No ☐

- b. Are they to operational condion?

Yes ☒ No ☐

- c. Have they been tampered with?

Yes ☐ No ☒

11. Condition of the Wipers-

- a. Were the Wiper operational prior to accident as can be ascertained from the present condition?

Yes ☒ No ☐

12. Whether EDR (Even Data Recorder) present or not?

Yes ☐ No ☒

13. Whether the joining points of the Axles of the vehicle with the wheels are in proper condition or not?

Yes ☒ No ☐

14. Overloading -

Was the vehicle overload? if yes, further remarks.

Nil .

15. Any other specific observations to highlight the condition or possible cause of the accident -

From the Technical point of view the cause of accident of the above mentioned vehicle appears to be other than mechanical failure .

Date and time of Examination of the vehicle

on 12-10-2023 at about 3.30.P.M.

Signature of the Mechanical Expert

[Signature]
12-10-2023

Bhola Nath Baruri
Automobile Engineer
Mechanical Expert

BHOLA NATH BARURI
AUTOMOBILE ENGINEER
MECHANICAL EXPERT
VEHICLE ESTIMETER
(GOVT APPROVED) MECH REG. NO. 1120


**M/S. B.N. BARURI MECHANICAL
EXPERT AND CO.**
C/O. M/S. ANIL TRADING CO.
SEVOKE ROAD, SILIGURI-734 001
DARJEELING
(WEST BENGAL GOVT.) REG. NO. L-72044

Date 12-10-2023.

Photograph Of Accidental Vehicle Bearing Registration No,
WB-73-G-3792.ASHOK LEYLAND TRANSIT MIXER



Bholanath Baruri
Automobile Engineer / Mechanical Expert


12.10.2023

Bhola Nath Baruri
Automobile Engineer
Mechanical Expert

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SEIZURE LIST

REF:- Reang P.S Case No. 65/23 Dtl- 24-09-2023 u/s 279/33-4271

1. DATE & TIME OF SEIZURE : On 08.10.2023 at 12:25 hrs.
2. PLACE OF SEIZURE : At Reang P.S, Kalimpong
3. FROM WHOM SEIZED : On being produced by Rupen Bismakarma S/o Gora Bismak of Village & P.O Kalijhora, Riyang P.S Kurseong, Dist, Darjeeling
4. NAME OF WITNESS
 - (I) Sujan Chhetri
S/o Lt. Ganesh Chhetri
of Village & P.O Kalijhora, Riyang Forest P.S Kurseong, Dist, Darjeeling
 - (II) Bhaskar Ghosh (43 yrs/M)
S/o Lt. Bhuyanga Bhushan Ghosh, c/o IIT Cementation Hdl, Setijhora, P.S Reang, Kalimpong, P. Add- Sotepur, Barrakpur, N. 24 Parganas, W.B.

5. DESCRIPTION OF SEIZED ARTICLES :

Rupen Bismakarma
01 (One) Driving Licence bearing no. WB73 2009 0326576 in the name of Rupen Bismakarma S/o Gora Bismak of Village & P.O Kalijhora, Riyang Forest, P.S Kurseong, Dist. Darjeeling.

6. SIGNATURE OF WITNESS

(I) Sujan Chhetri

98325 55046

(II) Bhaskar Ghosh,

7 278.5-39890.

Subb
08/10/2023

SEIZED BY M
ST APHAJEET SU
REANG P.S, KP.

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.	65/23
Date	24.09.2023
Under Section	279/337/338/427 IPC
Police Station	EEANG PS, KALIMPONG

1.	Date of Accident	23.09.2023
2.	Time of Accident	23:30HRS
3.	Place of Accident	11 Km o the West JL No, 78, Near SetiJhora, NH-10, PS 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 73G 3792
6.	Owner Details	
	Name	ITD Cementation India Ltd H/O Mrs. BinduChettriThapa
	Address	Near Forestry Range Office, At- Kalijhora Bazar, P.O Kalijhora, Dist. Darjeeling
7.	Driver Details	
	Name	RUPEN BISWAKARMA S/O GOREY BISWAKARMA
	Address	KALIJHORA, RIYANG FOREST, PS KURSEONG, DIST. DARJEELING
8.	Insurance Details	
	Policy No.	OG-23-1919-1811-00000323
	Period of Policy	01-JAN-2023 TO 31-DEC-2-23 (MIDNIGHT)
	Name of Insurance Company	BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.

DEATH CASE

9.	Name of the deceased	KHUSNAM BHUJEL
10.	Father's Name	LATE BISHAN BHUJEL
11.	Age / Date of Birth	13/YRS/ 15/03/2010
12.	Date of death	28/09/2023
13.	Gender of the deceased	MALE
14.	Marital status of the deceased	UNMARRIED
15.	Occupation of the deceased	N/A
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>				
19.	Whether the deceased was the sole earningmember of the family				
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 Mediclaim 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.	SMRITI BHUJEL W/O LATE BISHAN BHUJ EL		FEMALE	MOTHER	WIDOWED
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.	SMRITI BHUJEL W/O LATE BISHAN BHUJEL	7319058558	PRESENT ADDRESS- KALIJHORA FOREST OFFICE, P.O KALIJHORA, , KURSEONG, DIST.DARJEELING:		
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.	KHUSNAM BHUJEL	RAMBI HIGH SCHOOL			
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.	KHUSNAM BHUJEL	RAMBI HIGH SCHOOL	
	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 / Inadequatelydescribed 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	Death is due to effects of ante-mortem drowning. Further opinion shall be given after reception of reports from FSL of the sent materials.
ii.	Assisted by	
iii.	Medical Officer	DrSiddharth Prasad K.M
iv.	Remarks if any	

Documents to be

submittedIn Death Cases:

1. Deathcertificate
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 Cardetc.
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 thechildren.
6. Treatment record, medical bills and other expenditure prior todeath
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 necessaryendorsement
8. Proofofreimbursementofmedicalexpensesbyemployerorunder a Mediclaimpolicy,iftaken
9. Any otherdocument

In Injury Cases:

1. Multi angle photographs of theinjured
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 Cardetc.
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 medicalexpenditure.
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 attendanceregister.

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.	SMRITI BHUJEL W/O LATE BISHAN BHUJEL		
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.	65/23	
Date	24.09.2023	
Under Section	279/337/338/427 IPC	
Police Station	EEANG PS, KALIMPONG	

Details of the Minor Children (18 years or below)					
S. No.	Details of Children	Child 1	Child 2	Child 3	Child 4
1.	Name	KHUSNAM BHUEL			
2.	Age/Date of Birth	13YRS(
3.	Sex	MALE			
4.	SC/ST/OBC/ General	GENERAL			
5.	Father's Name	LT. BISHAN BHUEL			
6.	Mother's Name	SMRITI BHUEL			
7.	Guardian's Name (If different from parent)	SMRITI BHUEL			
8.	Family Income (Annual)	90,000/-			
9.	Permanent Address	KARMATH BUSTY, VTC SITTONG, P.O SALUGARA, P.S KURSEONG, DIST. DARJEELING			
10.	Present Address	KALIJHORA FOREST BUSTY, P.O SALUGARA, PS KURSEONG, DIST. DARJEELING			
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	Yes(Due to bad economical condition of his family)			

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.	KHUSNAM BHUJEL (13YRS/M), S/O LATE BISHAN BHUJEL OF KARMATH BUSTY, P.O	
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 SLSA

FIR No.	65/2023
Date	24/09/2023
Under Section	279/337/338/427 IPC
Police Station	REANG PS, KALIMPONG

1.	Date of Accident	23/09/2023	
2.	Time of Accident	11:30HRS	
3.	Place of Accident	11 Km o the West JL No, 78, Near SetiJhora, NH-10, PS Reang, Dist. Kalimpong	
4.	Nature of Accident	Simple Injury <u>Grievous Injury</u> <u>Fatal Damage/loss of theproperty</u> Any other loss/injury	
5.	Offending Vehicle Details		
	Registration No.	WB 73G 3792	
	Make	ASHOK LEYLAND LTD.	
	Model	UE 2820/39R RMC	
	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)- <u>TRANSIT MIXER</u>	
	Vehicle Use Type	Private Vehicle <u>Commercial Vehicle</u> Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)	

6.	Driver of offending vehicle		
	Name	RUPEN BISWAKARMA	
	Father's Name	GOREY BISWAKARMA	
	Mobile No.	8967831362	
	Address	KALIJHORA BAZAR, RIYANG FOREST, KURSEONG , DIST. DARJEELING	
	Driving Licence	<u>Permanent</u> Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.	WB73 2009 0326576	
	Validity of Licence	NT 30-06-2036	
	Licensing Authority	L.A SILIGURI	
7.	Owner of offending vehicle		
	Name	ITD Cementation India Ltd H/O Mrs. BinduChettriThapa	
	Father's Name		
	Mobile No.		
	Address		
8.	Insurance Details of offending vehicle		
	Policy No.	OG-23-1919-1811-00000323	
	Period of Policy	01-JAN-2023 TO 31-DEC-2023 (MIDNIGHT)	
	Name of Insurance Company	BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.	
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	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>	<div>Yes</div> <div>No</div>	
14.	Whether driver carrying mobile phone at the time of accident <i>If yes, give details of Mobile</i>	<div>Yes</div> <div>No</div>	
	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>	<div>Yes</div> <div>No</div>	
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</i> <i>If no, give reasons</i>	<div>Yes</div> <div>No</div>	
18.	Whether the Owner reported the accident to the Insurance Company <i>If yes, give date</i>	<div>Yes</div> <div>No</div>	
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>	<div>Yes</div> <div>No</div>	
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	KHUSNAM BHUJEL	
22.	Age of the deceased	13YEARS	
23.	Occupation		
24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
	(i) SMRITI BHUJEL W/O LATE BISHAN BHUJEL	MOTHER	
	(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	Section 427	
	<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		SENT TO RFSL
	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 : _____

FORM-VIII**SITEPLAN**

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

FIR No.	65/2023	
Date	24/09/2023	
Under Section	279/337/338/427 IPC	
Police Station	REANG PS, KALIMPONG	

1.	Date of preparation of site plan	
2.	Type of collision(collison from)	Hit from back Vehicle topedestrian Run-off road Vehicle overturn Head on collision Other(Specify)
3.	Road direction	One-way Two-way Other (Specify)
4.	No. of lanes	NO
5.	Width of road	ABOUT 20 FT
6.	Place of accident	NEAR SETI JHORA ON NH-10 UNDR
7.	Detailed Site Plan with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	Rural Urban Sub-urban
ii.	Road Owning Agency	National Highway Under NHAI National Highway Under State PWD National Highway Under Other Departments Corporation Road Municipality Road Panchayat Union Road 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/Kutcha 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 (2Way) 3 Lane (1Way) 3 Lane (2Way) 4 Lane Undivided (2Way) 4 Lane divided (2 Way) 6 Lane Undivided (2 Way) 6 Lane divided (2Way) 8 Lane divided (2Way)

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 Unsignalized 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. : _____

PhoneNo: _____

P.S. : _____

Date : _____

FORM- IX**MECHANICAL INSPECTION REPORT**

By Investigating Officer (through Motor Vehicle Inspector) to Claims Tribunal
Along with DAR within ninety (90) days of Accident

FIR No.	65/2023
Date	24/09/2023
Under Section	279/337/338/427 IPC
Police Station	REANG PS, KALIMPONG

Date of Mechanical Inspection	12/10/2023
Name of Motor Vehicle Inspector	BHOLAATH BARURI
Registration No. of Motor Vehicle Inspector	1120

1.	Vehicle Registration No.	WB 73 G 3792
2.	Vehicle Type	Motorized 2-wheeler Auto 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) Transit Mixer
3.	Vehicle make	ASHOK LEYLAND LTD.
4.	Model Name	ASHOK LEYLAND LTD TRANSIT
5.	Colour of vehicle	WHITE
6.	Engine Number	NHHZ 415739
7.	Chassis Number	MB1H3 LHD4NRGY 4570
8.	Location of vehicle inspection	REANG PS
	Accident Site	AT RAMBI BAZAR UNDER REANG PS
	Garage	
	Other (Specify)	

9.	In case of Commercial Vehicle	
	Details of Fitness	
	Details of permit	WB2022-GP-0831C
10.	Evidence of Impact 1 (Paint Transfer)	
	Paint Transfer found	Yes No
	Colour of Paint Transfer	
	Location of Paint Transfer	
11.	Evidence of Impact 2 (Scratch marks/ Others)	
	Type of scratch	
	Location of scratch	
12.	Point of Impact	
13.	Mechanical condition of Vehicle	
	Steering	
	Wheels	
	Wipers	
	Mirrors	
	Others	
14.	Whether vehicle modified by	
	Installing CNG/LPG Kit	
	Change of vehicle body	
15.	Condition of Tyres	Original Retreaded
16.	Horn	
	Whether installed	Yes No
	If yes, whether functional	Yes No
17.	Brake lights & other lights functional	Yes No
18.	Whether vehicle had faulty number plate	Yes No
19.	Status of Airbags	
	Whether the vehicle fitted with airbags	Yes No
	If yes, whether airbags were deployed	Yes No
20.	For educational institution bus, whether the vehicle was fitted with the doors that can be shut & whether the vehicle had a suitable inscription to indicate that they are in the duty of an educational institute	
21.	Whether vehicle had tinted glasses	Yes No
22.	Speed Limiter Devices in cases of PSVs (Commercial Vehicles)	
	Whether vehicle fitted with Speed Limiter	Yes No
	If yes, whether functional	Yes No

23.	Parking Sensors	
	Whether Rear Parking Sensors installed	Yes No
	If yes, whether functional	Yes No
24.	Vehicle Location Tracking (VLT) Devices	
	Whether installed	Yes No
	If yes, whether functional	Yes No
25.	Description of damage (including internal & external damage and estimated cost of damage)	
26.	Other details	
i.	Vehicle Category	Motorized Non-motorized
ii.	Registration Number Status	Known Unknown Without Registration
iii.	Registration Number Status	Permanent Registration No. Temporary Registration No. Trade Certificate No. None Obtained
iv.	Load Category	Passengers Goods
v.	Year of Manufacture	
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	VALIDITY UPTO 17/08/2024
ix.	Tax Details	
x.	Seat Capacity	TWO(02)
xi.	Insurance Company	BAJAJ ALLIANZ
xii.	Disposition	Can be driven away Need to be towed Cannot be towed
xiii.	Manoeuvre at Accident	Turning Right Turning Left Overtaking from left Making U turn Going ahead overtaking Going ahead not overtaking Parked Reversing

		<p>SuddenStart</p> <p>Starting from off side</p> <p>Starting from nearside</p> <p>SuddenStop</p> <p>Merging</p> <p>Diverging</p> <p>Stationary</p> <p>Using Private Entrance</p> <p>Parking Vehicle</p> <p>Temporarily Held Up</p>
xiv.	Vehicle Damage	<p>Rear Damage</p> <p>Front Damage</p> <p>Top Damage</p> <p>Left Damage</p> <p>Right Damage</p> <p>MultipleDamage</p> <p>No Damage</p> <p>Total Damage</p>
xv.	Accused/ Victim	<p>Accused Vehicle</p> <p>Victim Vehicle</p> <p>Not Known</p>
xvi.	Brake Type	<p>Air Brake</p> <p>Hydraulic</p> <p>Mechanical</p> <p>Vaccum Assisted Hydraulic Brake</p>
xvii.	Condition of Brake	<p>Air Brake</p> <ul style="list-style-type: none"> • Satisfactory • Want ofair • Leakage ofair • Worn outparts <p>Hydraulic</p> <ul style="list-style-type: none"> • Satisfactory • Want offluid • Leakage offluid <p>Mechanical</p> <ul style="list-style-type: none"> • Satisfactory • Worn outparts • Lack ofLubrication

		<ul style="list-style-type: none"> Slackness in adjustment Vaccum Assisted Hydraulic Brake <ul style="list-style-type: none"> Satisfactory Want off fluid Leakage off fluid Want of air Leakage of air Worn-out parts
xviii.	Condition of Foot Brake	Active Inactive
xix.	Condition of Hand Brake	Active Inactive
xx.	Brakes Even or Not	Not even
xxi.	Mechanical Failure	Yes <u>No</u>
xxii.	Tyre Condition	Worn Out In Order Remoulded Original Satisfactory Bald Wear Bead Separation Belt Separation Bent Bead Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect Cracking Between Tread Flat Spot Wear One side wear Sidewall Bubble Tread Separation Mushroomed Tread Rapid Shoulder Wear Rapid Centre Wear Tyre Burst/Blowouts Cupping / Scalloped Wear Damaged Bead Sidewall Tear

		Sidewall Wear
xxiii.	Mechanical	Wornout parts Lack of lubrication Defective parts Slackness in adjustment
xxiv.	Vehicle Defect Type	No defect Bald tyre Brakes Head Lights Steering Tyre puncture <u>Multiple defects</u> None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect <u>Opinion cannot be given</u> None of the above
xxvi.	Steering Type	Electronic Hydraulic <u>Mechanical</u>
xxvii.	Steering Condition	Free <u>Not</u> <u>Working</u> Working g In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes <u>No</u>
xxx.	Whether Rear Parking Sensors Installed	Yes <u>No</u>
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found
xxxii.	Damage Status	<u>Rear Damage</u> <u>Front Damage</u> <u>Top Damage</u> <u>Left Damage</u> <u>Right Damage</u>

		Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes <u>No</u>
xxxiv.	Run Protection Device and Side Under Run Protection Device	Yes No
xxxv.	Bull Bars	Yes No
xxxvi.	Reflective Tapes	Yes No
xxxvii.	Wind Screen Safety	Yes No
xxxviii.	Track Mark	Yes No
xxxix.	Check Report Issued?	Yes No

1. Photographs of the vehicle

Images/ Videos to be attached:

1. Main Resting Place of Vehicle
2. Damage to Vehicle
3. Damage to Property

Motor Vehicle

Inspector 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.	65/2023
Date	24/09/2023
Under Section	279/337/338/427 IPC
Police Station	REANG PS, KALIMPONG

1.	Vehicle Registration No.	WB 73G 3792
	Validity Period	04-AUG-2022 TO 03-AUG--2037
2.	Engine No.	NHHZ415739
3.	Chassis No.	MBLH3LHD4NRGY4570
4.	Category of Vehicle	LMV/ <u>HMV</u> /MGV Private or <u>Commercial</u>
5.	Vehicle Make & Model	
	Make	ASHOK LEYLAND LTD.
	Model	UE2820/39R RMC
6.	Owner Details	
	Name	ITD CEMENTATION INDIA LTD.
	Address	ANUPAM CHATTERJEE
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	WB 2022-GP-0831C
	Validity	VALID UPTO 28/08/2027
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	28/07/2024
10.	In case record not available, statereasons	

S.H.O./I.O**P.I.S./EMPLOYEE No. :** _____**Phone No.:** _____**P.S. :** _____**Date :** _____

