

FORM 54
[See Rule 150(a) and (2)]
Accident Information Report

- 1. Name of the police station:** Kalimpong PS
- 2. CR No. / Traffic Accident report:** Kalimpong P.S Case No- 129/23 Dt. 10.10.2023
U/S 279/304(A) IPC.
- 3. Date, time and place of the accident:** on 10.10.2023 morning.at Sindebong, Barbot
PS+Dist. Kalimpong
- 4. Name and full address of the deceased:** Azar Hussain S/o. Amir Hussain of
Sindebong, Barbot, PS+Dist. Kalimpong.
- 5. Name of the hospital to which he was removed:** Kalimpong District Hospital
Kalimpong.
- 6. Registration Number of vehicle and the type of the vehicle:** WB-74W-4899
(Motor bike)
- 7. Driving Licence particulars:**
 - (a) Name and address of the driver:**
 - (b) Driving licence number and date of expiry:** WB 78 2020 0001927
valid till 26.12.2039
 - (c) Address of the issuing authority:** L.A Kalimpong.
 - (d) Badge No in case of public service vehicle:** N/A
- 8. Name and address of the owner of the vehicle at the time of the accident:** Kewal
Rai S/o. Gajen Rai of Namchey Lalchi, Pedong Khasmahal, Kalimpong.
- 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:** NATIONAL INSURANCE CO LTD.
- 10. Number of Insurance Policy/Insurance Certificate and the date of validity of
the Insurance Policy/Insurance Certificate:** vide policy certificate/convernote no.
150607312010000506 valid from 19.06.2020 to 18.06.2022.
- 11. Registration particulars of the vehicle (class of vehicles):** Registration No- WB-
74W-4899 (Motor Bike)
Engine No: MC 42E -0011232
Chasis No: ME4MC421JB8006982
- 12. Route Permit Particulars:** N/A
- 13. Action taken, if any, and the result thereof:** Started Kalimpong P.S Case No-
129/23 Dt. 10.10.2023 U/S 279/304(A) IPC.

Submitted


ASI Ajoy Singh
Kalimpong PS

FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

4570

Year 2023 FIR No. 122/2023 Date 10-10-2023
 Sections 470/301(A) IPC
 Act IPC
 Other Acts & Sections

(a) Occurrence of Offence : Day Date From 10-10-23 Date To

Time From 05-00 AM Time To

(b) Information received at P.S. Date 10-10-2023 Time 10-35 hrs.

(c) General Diary Reference : Entry No. 412 Time 10-35 hrs.

Type of Information Written / Oral

Place of Occurrence (a) Direction and Distance from P.S. 05 km / N.E. Beat No. FLNO-44.

(b) Address Sankar Singh Barbat, Near by Jhera, Kalimpong

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

District

(d) Informant

(e) Name of Husband / Informant

(f) Date / Year of Birth

(g) Nationality

(h) Date of Issue

(i) Place of Issue

(j) Address Sankar Singh Barbat, P.S. + Dist. Kalimpong

Details of known / suspected / unknown accused with full particulars Asha Hussain

(k) Vehicle (if necessary) NCTC bearing Registration No. WB-74-W-4899

Reason for delay in reporting by the Complainant / Informant

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

Total value of properties stolen / involved

Inquest Report / I.D. Case No., if any

(l) Remarks (Attach separate sheets, if required)

(m) Since the above report reveals commission of offence(s) as mentioned at Item No. 2, registered the case and took up the

investigation / refused investigation / transferred to P.S.

(n) FIR read over to the Complainant / Informant, admitted to be correctly recorded and a copy given to the Complainant /

Informant free of cost

(o) Signature / Thumb Impression of the Complainant / Informant

(p) Signature of the Officer-in-Charge Police Station

Name SANKAR DEB

Rank No. SI OF POLICE

KALIMPONG POLICE STATION

15. Date & Time of despatch to the court

To
The Officer in Charge
Kaliyampatti Police Station.

Dt: 10/10/2023.

Sub: FIR for accident of my son.

Sir,

With due respect I Amir Hussain, S/o. M. Maruf Hussain, a resident of Sindelary, Km. 12 to State as follows for favour of you kind information and needful.

That my son Ashar Hussain had gone with some work in his motorcycle bearing Registration No. LB-74-40 4899. We found out in the morning at around 5 A.M. that a boy is lying in the nearby Shera. I rushed to the spot and found out that it was my son and he was beneath the motorcycle at Sindelary Buzbat near my house on 10/10/2023. I informed the nearest Police Station for needful.

I, Maruf Hussain, request your good self to kindly not the FIR and do the necessary at an earliest possible.

And for which shall oblige.

Written by me.

Rahmat Farid
S/o. M. Maruf Hussain
10th mile, Kaliyampatti
1586094995

Yours faithfully

Amir Hussain

(Amir Hussain)
S/o. M. Maruf Hussain
Sindelary Buzbat
Kaliyampatti.

Received on: 10/10/23 at 10-35 hrs
Vide Kaliyampatti PS Case No. 112 dt: 10/10/23
on 10/10/23 at Kaliyampatti PS Case No. 112/23
dt: 10/10/23 u/s-279/304(D) IPC.

Ph. No. 7365892700.

10/10/23
Inspector of Police
Kaliyampatti Police Station
Dist. Kallakurichi

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.	129 / 2023
Date	10.10.2023
Under Section	279/304(A) I.P.C
Police Station	Kalimpang.

1.	Date of Accident	10/10/2023
2.	Time of Accident	05:00 AM
3.	Place of Accident	Sindibong Jhera
4.	Source of Information	Driver/Owner <input checked="" type="checkbox"/> Victim Witness Hospital Good Samaritan Police <input checked="" type="checkbox"/> Others (Specify)
	Name, mobile number & address of the Informant	
	Name	Amir Hussain s/o Lt Maryam Hussain
	Mobile No.	7365892700
	Address	Sindibong barbot Kalimpang.
5.	Nature of Accident	Injury <input checked="" type="checkbox"/> Fatal Damage/loss of property Any other loss/injury
	Number of Vehicles involved	
	Whether Registration Number of the Offending Vehicle known	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Whether offending Vehicle impounded by the police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Whether the driver of the offending vehicle found on the spot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Fatalities	01
	Number of Injured	
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	District Hospital Kalimpang.
	Address	Kalimpang.
	Doctor's Name	Dr. Siddhant Prasad (M.O)

7.	Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)	
	Details	Vehicle 1 (Offending vehicle)
	Vehicle 2	
	Vehicle Details	
	Vehicle Registration No.	WB-74-W-4899
	Driver Details	
	Name of the Driver	Azhar Hussain
	Address of Driver	Sindibong Barbet p&dict
	Mobile No. of Driver	Kalimpong.
	Owner Details	
	Name of the Owner	Kewal Rai S/D Gayen Rai
	Address of Owner	Namchey Lachi pedong
	Mobile No. of Owner	Khasmahat, Kalimpong.
	Insurance Details	
	Insurance Policy No.	150607312010000506
	Period of Insurance Policy	19/06/2020 to 18.06/2022
	Name of Insurance Company	
	Address of Insurance Company	
9.	Details of Victim(s)	
	Name	Deceased /Injured
	Address & Contact Details	
i.	Azhar Hussain	Deceased
ii.		
iii.		
iv.		
v.		
vi.		
10.	Other Accident Details	
i.	Reporting Date & Time	10/10/23 at 10:35 hrs.
ii.	Landmark	
iii.	Severity	Fatal <input checked="" type="checkbox"/> Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iv.	Count of	Injured
	Drivers	Death <input checked="" type="checkbox"/>
	Passengers	

	Pedestrians		
	Animal		
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding ✓	
vi.	Collision Nature	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 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 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 High Speed ✓ Inattentive Turn Accident Due to road Condition Accident Due to Weather Condition 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
viii.	Weather Condition	Sunny / Clear Cloudy Light Rain ✓ Heavy Rain Flooding of Causeway / Rivulets Hail/ Sleet Snow Smoke/ Dust Strong WindCold Hot
ix.	Light Condition	Day Twilight Darkness with street lights , on Darkness with poor street light Darkness-No street light ✓
x.	Accident Spot	Residential Zone ✓ Market Zone

		Institutional Zone Open 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 25 Meters ✓ 50 Meters 75 Meters 100 Meters and Above
xii.	Load Condition (1)	Excess Passengers Normally Loaded Empty Not Known ✓
xiii.	Load Condition (2)	Excess Goods Goods Overheight Goods Rear Overhanging Goods Side Overhanging Normally Loaded Empty Not Known
xiv.	Road Classification	Expressway National Highway State Highway Major District Road ✓ Other District Road Village Road Arterial Road Sub Arterial Road Collector Road Local Road
xv.	Local Body	Corporation Municipality Panchayat ✓

xvi. P.I.S./EMPLOYEE No. : 2003004614

S.H.O./I.O

Phone No. : 8918664373

P.S. : Kalimpang

Date : 11/10/23

(Asi Aicay Sinan.)
kalimpang ps,

Documents to be attached:

- i. Copy of FIR

Images/ Videos to be attached:

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

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. 129/23
Date 10.10.2023
Under Section - 279/304(A) I.P.C.
Police Station Kalimpong P.S.

1. Driver Details

Name Agaz Hussain
Father's Name S/O Amir Hussain
Mobile No.

Address Sindabong, Barabot, P.S. & Dist Kalimpong.

2. Age/Date of Birth - 27/12/1999

3. Gender Male Female Other male

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. 1000/-

7. Driving Licence Permanent

Learner's

Juvenile

Without License

Others (Specify)

8. Driving Licence No. WB-78-20200001927

9. Period of Validity of Licence 26.12.2039

10. Licensing Authority L.A. Kalimpong

11. Vehicle Registration No. WB-74-W-4899

12. Vehicle Type Honda motor bike

13. Owner Details

Name Kewal Rai

Mobile No.

Address N/A

14. Insurance Details N/A

Policy No. N/A

Period of Policy N/A

Name of Insurance Company

15. Other details

i. Nationality of Driver Indian

Foreigner

ii. Occupation of Driver Advocate

Business

Clerk

Doctor

Driver

Engineer

Farmer

House Keeper

Labourer

Police Officer

Politician

Retired Officer

Student

Unemployed

Vendor/ Small Business Owner

Worker

Other

iii. Injury Type Back Injury

Buttocks Injury

Chest Injury

Face

Hand

Head

Hip

Knee

Leg

Neck

Not Applicable

Shoulders Injury

Abdominal

iv. Cell Phone Driving? Yes No Not Known

v. Severity Fatal

Grievous Injury

Simple Injury Hospitalized

Simple Injury Non Hospitalized

No Injury

vi. Seatbelt/ Helmet Yes No Not Known

vii. Drunk Driving Yes No Not Known

viii. Mode of Transport 108 Ambulance

Not Hospitalized

By Self

Private Ambulance

Private Vehicle

ix. Hospitalization delay <30 Minutes

>30 Minutes <1 Hour

>1 Hour > 2 Hours

> 2 Hours

Not Hospitalized

x. Driving License Type Known

Unknown

Without License

LLR

Not Applicable

Juvenile

Verification:

Verified at 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

Kalimpong

police Station.

Ref: Inspection report of vehicle No: WB74W4899

Kalimpong PS / MA Case No: 129/23

10-10-2023 U.S. 279/304(4)

Involved in an accident in connection

dated:

IPC

In compliance to your report I have examined the vehicle No: WB74W4899, on 07-11-2023 at Kalimpong and the finding of the said examination are put in the following:

16. Maker's Name of the Vehicle: Honda Motorcycle and Scooter India (P) Ltd.

17. Type of body of the Vehicle: Solo

18. Place of Inspection: Kalimpong P.S.

19. List of damages subsequent to the incident: Head light- wiper and oil Tank, L.H.S. Mirror.

20. Remarks and opinion: The accident - occurs due to other than mechanical failure.



Memo No: MV/ 201 /2023

Swapan Roy,
Swapan Roy
Motor Vehicle Inspector (Tech)
Kalimpong
Dated: 07-11-2023

Swapan Roy,
Swapan Roy
Motor Vehicle Inspector (Tech)
Kalimpong

WB78 2020 0001927



WB78

Endorsement Date

30-12-2020

Endorsement No.

WB78 /POL/0001927/2020

Address
Suburban, Gachibowli, Hyderabad,
Telangana, India, 500032

LAH



LAH

Form 7 Rule 15(2)



WB78 2020 0001927

Date of Issue

30-12-2020

Validity

30-12-2030

Date of Birth

27-12-1999

Blood Group

A+

AZMAN HUSSAIN

AZMAN HUSSAIN



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.	129/23	1
Date	10.10.2023	
Under Section	279/	304(A) I.P.C.
Police Station	Under Kalimpong PS.	

1.	Vehicle Details	
	Registration No.	WB-74-W-4899
	Colour	
	Make	
	Model	honda motor bike
	Year of Manufacture	
	Chassis No.	MC42E0011232
	Engine No.	MC42E0011232.
	Registering Authority Name	
	Vehicle Type	<div>Motorised 2-wheeler</div> <div>Auto</div> <div>Car/Jeep/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>Other (Specify)</div>
	Vehicle Use Type	<div>Private Vehicle</div> <div>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>	
	Father's Name	
	Mobile No.	
	Address	
	Occupation	
3.	Driver Details	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence No.	LOR-7820200001927
	Period of Validity	
	Licensing Authority	
4.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of Insurance Company	
	Details of previous Insurance Policy	
	Whether the vehicle previously involved in any MACT case? <i>If yes, give details of FIR and MACT case.</i>	
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	

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

Verification:

Verified at _____ 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-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.	129 23	
Date	10.10.2023	
Under Section	279 304(A) I.P.C	
Police Station	under kalimpong PS	

1.	Date of Accident	10.10.2023
2.	Time of Accident	05:00 A.M
3.	Place of Accident	Sindebong, Barbel, Kalimpong.
4.	Offending Vehicle	
	Registration No.	
	Vehicle Make	
	Vehicle Model	
5.	Driver of the offending vehicle	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
	Driving Licence No.	
	Validity of Licence	
	Licensing Authority	
6.	Owner of the offending vehicle	
	Name	
	Father's Name	
	Mobile No.	
	Address	
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	
8.	Insurance Details	

	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of the Insurance Company	
9.	Witness(es) to the accident	
	Witness-1: Name	
	Mobile No.	
	Address	
	Witness-2: Name	
	Mobile No.	
	Address	
	Witness-3: Name	
	Mobile No.	
	Address	
	Witness-4: Name	
	Mobile No.	
	Address	
10.	Brief description of the Accident	
11.	Details of compliance(s)	
i.	Date of filing of First Accident Report (FAR)	
ii.	Date of uploading FAR on the website of Delhi Police	
iii.	Date of delivery of FIR and FAR to the Insurance Company	
iv.	Date of delivery of FIR, Form-II and FAR to the Victim(s)	
v.	Date of receipt of Form-III from the Driver	
vi.	Date of receipt of Form-IV from the Owner	
vii.	Date of delivery of Form-III and Form-IV to the Insurance Company	
viii.	Date of delivery of Form-III and Form-IV to the Victim(s)	
ix.	Whether the information/ documents of the driver/owner have been verified. <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 Hand Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
v.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

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

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

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

S.H.O./I.O

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

Phone No. : _____

P.S. : _____

Date : _____

Documents to be attached:

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

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

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

FIR No.	129/23
Date	10.10.23
Under Section	279/304(A) I.P.C
Police Station	under kalimpong PS

1.	Date of Accident	10.10.2023
2.	Time of Accident	05:00 A.M.
3.	Place of Accident	Gindabang, Barbol, 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	
6.	Owner Details	
	Name	
	Address	
7.	Driver Details	
	Name	
	Address	
8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	

DEATH CASE

9.	Name of the deceased	Azaz Hussain
10.	Father's Name	Mr. Amir Hussain
11.	Age / Date of Birth	26 yrs
12.	Date of death	10.10.2023
13.	Gender of the deceased	male
14.	Marital status of the deceased	
15.	Occupation of the deceased	filter "
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 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.					
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.					
INJURY CASE					
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 Hospital Name Period of Hospitalization Doctor's Name			
39.	Details of surgery(s), if undergone			
40.	Whether any permanent disability <i>If yes, give details .</i>		Yes	No
41.	Details of the family of the Injured			
	Name	Age / Date of Birth	Gender	Relation
i.				
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 insurance scheme <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 & Neck Surgery
		Pain Management
		Palliative Care
		Pathology: Surgical & Anatomic
		Pediatric Intensivist
		Physical Medicine

		Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT
x.	Mobile	
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 Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	Identification Mark 2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	
i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag / Triage	Red Yellow

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

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

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

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

Documents to be submitted

In Death Cases:

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

In Injury Cases:

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

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

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

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

9. Any other document

Other documents to be submitted

1. X Ray

2. CT Scan

3. ECG

4. Other documents

Verification:

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

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

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

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

FIR No.	129/23
Date	10.10.23
Under Section	279/304(A) I.P.C.
Police Station	Under Kalimpong PS.

1.	Date of Accident	10.10.2023
2.	Time of Accident	05:00 AM
3.	Place of Accident	Sindebong, Borbot 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.	
	Make	
	Model	
	Vehicle Type	Motorised 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)
	Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)

6.	Driver of offending vehicle		
	Name		
	Father's Name		
	Mobile No.		
	Address		
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.		
	Validity of Licence		
	Licensing Authority		
7.	Owner of offending vehicle		
	Name		
	Father's Name		
	Mobile No.		
	Address		
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</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>	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)
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DEATH CASE

21.	Name of the deceased	Azar Hussain	
22.	Age of the deceased	(26 Yrs)	
23.	Occupation	Fisher	
24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
(i)			
(ii)			
(iii)			
(iv)			
(v)			

INJURY CASE

25.	Name of the injured		
26.	Age		
27.	Occupation		
28.	Nature of Injury		
	Simple		
	Grievous		
29.	Details of Injury.		
30.	Offences Charged		
	<u>Indian Penal Code, 1860</u>		
a.	Section 279	Rash driving or riding on a public way	
b.	Section 337	Causing hurt by act endangering life or personal safety of others	
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others	
d.	Section 304-A	Causing death by negligence	
e.	Any other offence		
	<u>Motor Vehicles Act, 1988</u>		
a.	Sections 3/181	Driving without license	
b.	Sections 4/181	Driving by minor	

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

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

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

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

Verification:

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

S.H.O./I.O

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

Phone No. : _____

P.S. : _____

Date : _____

FORM- VIII**SITE PLAN**

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

FIR No.	129/23	
Date	10.10.23	
Under Section	279/304(A) I.P.C.	
Police Station	Under kalimpong PS	

1.	Date of preparation of site plan	
2.	Type of collision (collision from)	Hit from back Vehicle to pedestrian Run-off road Vehicle overturn Head on collision Other (Specify)
3.	Road direction	One-way Two-way Other (Specify)
4.	No. of lanes	
5.	Width of road	
6.	Place of accident	
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 Murum Road Earthen/Kutchha Road
v.	Surface Condition	Good Reveling Loose Flooded Slippery/ Oily Muddy
		Corrugated / Wavy road Pot Holes Snowy Road Under Repair No Influence on Accident
vi.	Type of Carriageway	Single Lane (1 Way) Single Lane (2 Way) Immediate Lane 2 Lane (1 Way) 2 Lane (2 Way) 3 Lane (1 Way) 3 Lane (2 Way) 4 Lane Undivided (2 Way) 4 Lane divided (2 Way) 6 Lane Undivided (2 Way) 6 Lane divided (2 Way) 8 Lane divided (2 Way)

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

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

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

S.H.O./I.O

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

Phone No: _____

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.	129 / 23	
Date	10.10.2023	
Under Section	279 / 304 (A) I.P.C.	
Police Station	Under Kalimpong PS.	

Date of Mechanical Inspection	07.11.2023
Name of Motor Vehicle Inspector	Shai Swapn Roy
Registration No. of Motor Vehicle Inspector	

1.	Vehicle Registration No.	
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)
3.	Vehicle make	
4.	Model Name	
5.	Colour of vehicle	
6.	Engine Number	
7.	Chassis Number	
8.	Location of vehicle inspection	
	Accident Site	
	Garage	
	Other (Specify)	

9.	In case of Commercial Vehicle	
	Details of Fitness	
	Details of permit	
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	
ix.	Tax Details	
x.	Seat Capacity	
xi.	Insurance Company	
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

		Sudden Start Starting from off side Starting from near side Sudden Stop Merging Diverging Stationary Using Private Entrance Parking Vehicle Temporarily Held Up
xiv.	Vehicle Damage	Rear Damage Front Damage Top Damage Left Damage Right Damage Multiple Damage No Damage Total Damage
xv.	Accused/ Victim	Accused Vehicle Victim Vehicle Not Known
xvi.	Brake Type	Air Brake Hydraulic Mechanical Vaccum Assisted Hydraulic Brake
xvii.	Condition of Brake	Air Brake <ul style="list-style-type: none"> • Satisfactory • Want of air • Leakage of air • Worn out parts Hydraulic <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid Mechanical <ul style="list-style-type: none"> • Satisfactory • Worn out parts • Lack of Lubrication

		<ul style="list-style-type: none"> • Slackness in adjustment Vaccum Assisted Hydraulic Brake <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of 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	Even Not even
xxi.	Mechanical Failure	Yes No
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 Multiple defects None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect Opinion cannot be given None of the above
xxvi.	Steering Type	Electronic Hydraulic Mechanical
xxvii.	Steering Condition	Free Not Working Working In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes No
xxx.	Whether Rear Parking Sensors Installed	Yes No
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found
xxxii.	Damage Status	Rear Damage Front Damage Top Damage Left Damage Right Damage

		Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes No
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

InspectorDate : _____