

FORM 54
[See rule 150(1) and (2)]
ACCIDENT INFORMATION REPORT

1. Name of the Police Station	Kalimpong Police Station
2. CR No./Traffic accident report	Kalimpong P.S. case No 09/24 dtd. 20/01/2024 u/s 279/337/338 IPC.
3. Date time and place of the accident	20/01/2024 in the morning at near Kirney, NH-10, PS/Dist. Kalimpong.
4. Name and full address of the Deceased	
5. Name of the hospital to which he/she was removed	District Hospital, Kalimpong.
6. Registration number of vehicle and the type of the vehicle	SK 02D- 0677 (Tata 1613).
7. Driving licence particulars	
(a) Name and address of the driver	Ruben Rai (20yrs) s/o Suren Rai of Lower Gram Kitam, Dist. Namchi, South Sikkim.
(b) Driving licence number and date of expiry	
(c) Address of the issuing authority	
(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	Dil Kumar Kami s/o Ganga Ram Kami of Siribadam, Kaluk, Gyalshing Sikkim- 737121.
9. Name and address of the insurance Company with whom the vehicle was Insured and the particulars of the	Cholamandalam MS General Insurance Company Ltd. Kolkata Branch- Chhabildass Tower, 3 rd Floor, 6A Middleton Street, Shakespeare Sarani S.O. Kolkata, West Bengal.

10. Number of insurance policy/ 3379/03453030/000/00
Insurance certificate and the [UIN:IRDAN123RP0003V03100001]
Date of validity of the insurance
Policy/insurance certificate

11. Registration particulars of the
Vehicle (class of vehicle)

(a) Registration No SK 02D- 0677 GOODS CARRIER (HGV)

(b) [Engine Number or Motor 697TC69BTY101929.
Number in the case of Battery

(C) Chassis No. MAT3F335242B03509.

12. Route permit particulars

13. Action taken. If any and the result Investigation proceeding.

Submitted

Ben
22.01.2024

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.	09/2024	
Date	20.01.2024	
Under Section	279/337/338	
Police Station	KALIMPONG PS	
1	Date of Accident	20.01.2024
2.	Time of Accident	MORNING
3.	Place of Accident	NH-10, NEAR KIRNEY
4.	Source of Information	Driver/Owner Victim Witness Hospital Good SamaritanPolice Others (Specify)
	Name, mobile number & address of the Informant	
	Name	
	Mobile No.	
	Address	
5.	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Numberinvolved of Vehicles	SK 02D- 0677
	Whether Registration Number of the Offending Vehicle known	Yes No
	Whether offending Vehicleimpounded by the police	Yes No
	Whether the driver of the offending vehicle found onthe spot	Yes
	Number of Fatalities	
	Number of Injured	01
6.	Details of the Hospital where victim(s) taken	
	Hospital Name	DISTRICT HOSPITAL KALIMPONG
	Address	KALIMPONG
	Doctor's Name	
7.	Availability of CCTVFootage If yes, CCTV Footage be preserved and be filed	No

Name of the Driver	RUBEN RAI	
Address of Driver	LOWER GRAM, KITAM, DIST. NAMCHI SOUTH SIKKIM	
Mobile No. of Driver		
Owner Details		
Name of the Owner	DIL KUMAR KAMI	
Address of Owner	SIRIBADAM, KALUK, PS KALUK, DIST. SORENG, WEST SIKKIM	
Mobile No. of Owner	9733281981	
Insurance Details		

Insurance Policy No.	3379/03453030/000/00[UIN:IRDAN123RP0003V03100001]	
Period of Insurance Policy	13.03.2024 Midnight	
Name of Insurance Company	Cholamandalam MS General Insurance Company LTD	
Address of Insurance Company	Kolkata Branch- Chhabildass Tower, 3 rd Floor, 6A Middleton Street, Shakespeare Sarani S.O. Kolkata, West Bengal.	

9	Details of Victim(s)		
	Name	Deceased /Injured	Address & Contact Details
i			
ii			
iii.			
iv.			
v.			
vi.			

10. Other Accident Details			
i	Reporting Date & Time	20.01.2024 at 17.15 hrs	
ii.	Landmark	Near Kirney	
iii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Death
	Drivers		
	Passengers		
	Pedestrians		
	Animal		
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle	

vi.	Collision Nature	<p>Head on Collision Hit Parked VehicleHit tree</p> <p>Hit Fixed/Stationary ObjectHit from Back</p> <p>Hit from Side</p> <p>Run off RoadOverturn</p> <p>Skidding /OverturnSideswipe</p> <p>Vehicle Fell in Gorge/Ditch/WellVehicle Fell in River</p>
vii.	Initial Observation of accident scene	<p>Non Provision of Parapets/Crash Barrier on Outer CurveLong Distance Covered/Driver Restless</p> <p>Fell Down From Vehicle Illegal Parking on Road Blind</p> <p>Bend / Curve Alcohol abuse</p> <p>Carrying people in loaded vehicleChanging lane without care</p> <p>Dangerous Overtaking Distraction to Driver</p> <p>Driving against flow of trafficDrugs Abuse</p> <p>High Speed Inattentive Turn</p> <p>Accident Due to road Condition Accident Due to Weather</p> <p>ConditionAccident due to Heavy Traffic</p> <p>Non-respect of rights of way rulesRed Light jumping</p> <p>Overloaded</p> <p>Accident due to Vehicle Defect</p> <p>Over speed while crossing Zebra crossingOver speed while crossing speed breaker</p>

viii.	Weather Condition	Sunny / ClearCloudy Light Rain Heavy Rain Flooding of Causeway / RivuletsHail/ Sleet Snow Smoke/ Dust Strong WindColdHot
ix.	Light Condition	Day Twilight Darkness with street lights on Darkness with poor street light Darkness-No street light
x.	Accident Spot	Residential ZoneMarket Zone

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

S.H.O./I.O

Phone No. : 9932371025

P.S. : Kahurane Date

22.01.2024

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

ਆਨਾ ਪੁਜਾਰੀ,
ਸਲੀ ਪੁਲਿਸ ਆਫਿਸਰ,
ਆਨਾ ਕਾਲਿਥੁਰ।

दिनांक:- 20/02/2024

महोदय,

महोदय, म दिल्ली का मी पिता (सं० गंगाराम
का मी प्रीवदाम, कलक व्याग सोरेड. जिनका
पच्छिम बिरुडि) निवसी हजु ~~समस्त~~ समस्त मो
FIR गेदेहु कि- मेरो नाम म मेरो एउटा
दुक गाडी ह, जसको नम्बर SK 02D 067
जो ये मेरो आफ्नै सालो प्रमाण रुकेन राई
पिता प्रमाण सुरेन राई कितान दक्षिण सिङ्ग
निवसीले - पलाउने गर्दछो।

आज दिनांक 20/02/2024 विधानसभा सिली
गुड़ी देवी सिमेन्ट का कोड किए गए हैं।
जो दे गढ़ा सिने नजिब N+10 फुदा दुधना
गएद 2 गाड़ी लोमें टिस्ता (बोलाक) पसेदा
गहली पुलिस अनि ह्यानिश गारिष्ट हकी सहा-
धवाले गैरी लालो एवेन राईकार्ड धाएते अवस्था
मा उद्धार गरी कलिबुड. जिनका अस्पताल
मा गली गरीको ह। खबर वाए अनुसार भेजे
साले संग अंम एकाग। लाया पनि गाड़ी
निश दुधना हने बेकासग विप्रो गन्ने
जानकारी प्राप्त गरी ह. त आहिनेसग

निर्वाण, छ।
यसमा यस विषयमा बारे कानी-काँडाँ गरि-
दिना जायस्य मनि निवेदन गर्दछु।

एजुको विग्रहणी-

दि. १५/०५/२०२१ १७३३२८/१६/

Received on:
20/12/24 at 17:15h
Ride Kalimnang
P3 4064-795
of 20/12/24 and
Ride Kalimnang
P3 (see below)
09/12/24 to 20/11/24
4/279/337/338 etc

25/1/24
Inspector (Charge)
Kallimpong Police Station
Dist. Kallimpong

Received on
20/01/24 at
16:05 hrs vide
mail of GDE.
No. 447 dtd
20/01/24 & forward
- dtd 19/1/24 same to
1/e kph ps to
start a case under
proper section of
law.

26/01/24
OFFICER-IN-CHARGE
MALLI OUT PO.
KAMPONG

गोपीकृष्ण दत्त

2114
 1001/1002
 1003/1004

व्यास कृत
सिद्धि

गोपीबंद्य

9030-2

FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

7609

Dist Kalimpang P.S. Kalimpang Year 2021 FIR No. 09/21 Date 20-1-21
 (i) Act Sections (ii) Act IPC Sections 279/33E/338

(iii) Act Sections (iv) Others Acts & Sections(a) Occurrence of Offence : Day 20-1-21 Date From 20-1-21 Date To 20-1-21Time Period Morning Time From 17-15 hrs Time To 17-15 hrs(b) Information received at P.S. Date 20-1-21 Time 17-15 hrs(c) General Diary Reference : Entry No(s) 735 Time 17-15 hrsType of Information : Written / OralPlace of Occurrence : (a) Direction and Distance from P.S. DKM / North Beat No. 2L wa - 02(d) Address Near Korney, NH-10 - Nelli, Kalimpang

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

Name of the P.S. District

Complainant / Informant :

(a) Name Sh. Dil Kumar Karri(b) Father's / Husband's Name Sh. Lalit - Gangaram Karri(c) Date / Year of Birth Sh. Lalit - Gangaram Karri (d) Nationality Sh. Lalit - Gangaram Karri(e) Passport No. Date of Issue Place of Issue(f) Occupation Sh. Lalit - Gangaram Karri(g) Address Silbockam, Kaluk B. Sonong Dist. West Sikkim

Details of known / suspected / unknown accused with full particulars Driver of offending Vehicle
 (Attach separate sheet, if necessary) bearing Regd No. SK-220-06EE (Truck)

Reasons for delay in reporting by the Complainant / Information

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

Total value of properties stolen / involved

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

FIR Contents (Attach separate sheets, if required) The Original Written Complaint is being
is treated as FIR is enclosed herewith / forwarded
over leaf

Action taken : Since the above report reveals commission of offence(s) as mentioned at item No. 2, registered the case and took up the
 investigation / directed Asst. Sanyal to take up
 investigation / refused investigation / transferred to P.S. on point of
 jurisdiction. FIR read over to the Complainant/ Informant, admitted to be correctly recorded and a copy given to the Complainant /
 Informant free of cost.

14. Signature / Thumb impression
 of the Complainant / Informant

15. Date & Time of despatch to the court :

Signature of the Officer-in-Charge

Name SARAN SARKARRank No. STATION POLICERank No. KALIMPANG P.S.

FORM-II

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

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

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

Flow Chart of the aforesaid Scheme is attached herein.

S.H.O./I.O

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

Phone No. : 9932371025

P.S. : Kalpung

Date : 30.01.2024

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.

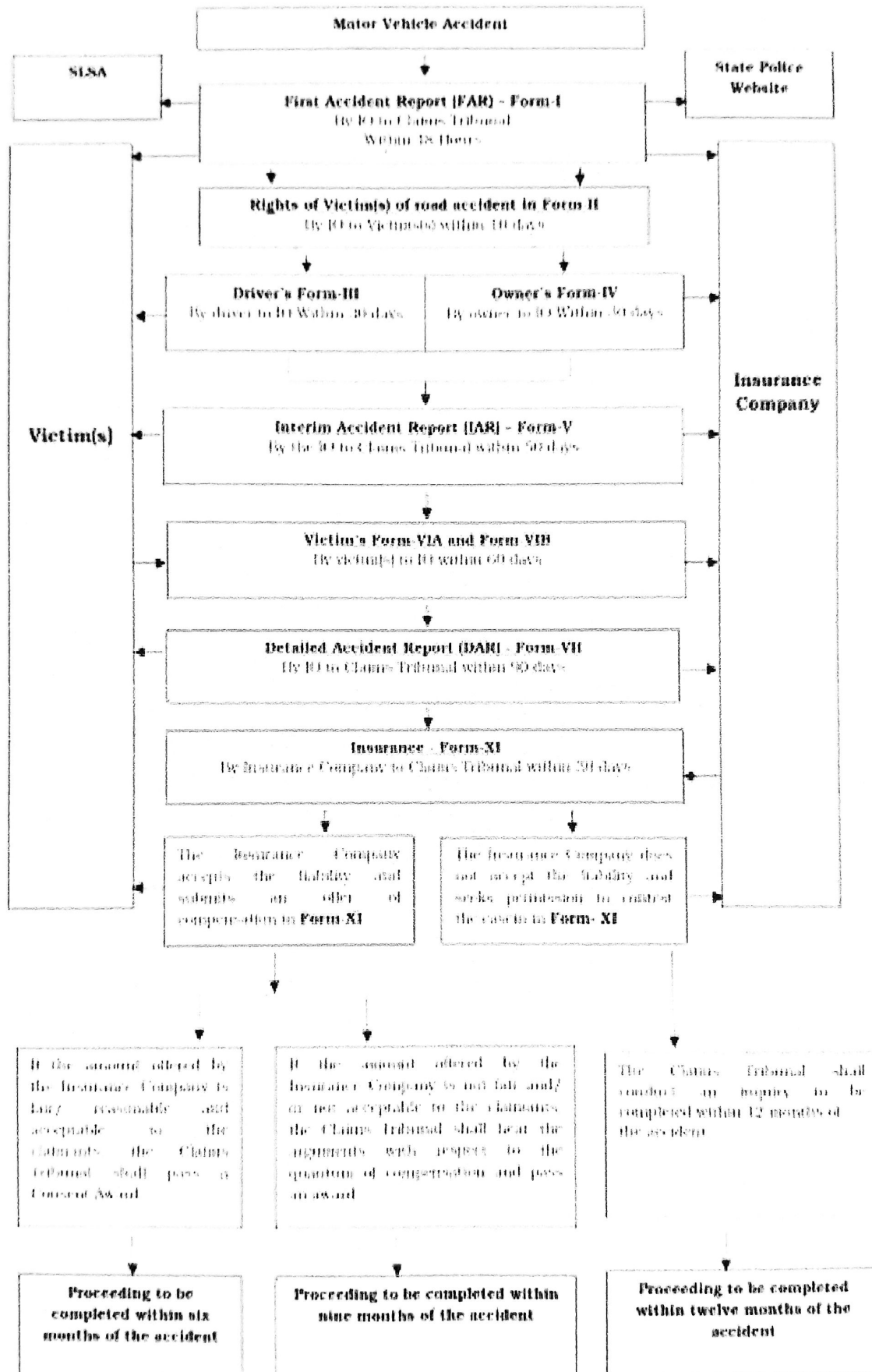
Premil Lepcha

Victim/Family Members/Legal Representatives

Date : 30.01.2024

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS



EXTRACT OF MAGISTRATE ORDER
IN C/W KPG PS. CASE No. 09/24
DATE 20/01/24 U/S 279/334/338 IPC
GR 11/24
ORDER No. 01
DATE 24/01/24

I/O makes Prayer for adding Section
304 A IPC

The prayer is allowed

Sd/-

Chief Judicial Magistrate
Kalimpong

copy forwarded to I/c Kalimpong
P.S. Thanghri

DR 15/24

24/01/24

G. R. O.
KALIMPONG

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.	09/2024
Date	20.01.2024
Under Section	279/337/338 IPC Adding sec 304A IPC
Police Station	Kalimpong

1.	Date of Accident	20.01.2024
2.	Time of Accident	Morning
3.	Place of Accident	NH-10 Near Kirney, Melli, Kalimpong.
4.	Offending Vehicle	
	Registration No.	SK 02D- 0677
	Vehicle Make	Tata Motors LTD
	Vehicle Model	Truck 1613
5.	Driver of the offending vehicle	
	Name	Ruben Rai
	Father's Name	Suren Rai
	Mobile No.	9339641075
	Address	Lower Gom, Belbotey, PS Kitam, Dist. Namchi, South Sikkim
	Driving Licence	Permanent <input checked="" type="checkbox"/> Learner's Juvenile Without License Others (Specify)
	Driving Licence No.	BR 01 2018 0121541
	Validity of Licence	13.05.2026 (TR)
	Licensing Authority	DTO, Samastipur
6.	Owner of the offending vehicle	
	Name	Dil Kumar Kami
	Father's Name	Late Ganga Ram Kami
	Mobile No.	9733281981
	Address	Sribadam, PS Kaluk, Soreng, West Sikkim
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	
8.	Insurance Details	

	Policy No.	3379/03453030/000/00		
	Period of Policy	13-March-2024 (Midnight)		
	Name of Insurance Company	Cholamandalam MS General Insurance Company Ltd		
	Address of the Insurance Company	Kolkata Branch, Chhabildas Towers, 3 rd Floor, 6A. Middleton Street, Kolkata. West Bengal. Shakespeare Sarani S.O.		
9.	Witness(es) to the accident			
	Witness-1: Name	Gopi Krishna Darjee		
	Mobile No.	9733235719		
	Address	Sribadam, PS Kaluk, Soreng, West Sikkim		
	Witness-2: Name	Bhadra Biswakarma		
	Mobile No.	9382822747		
	Address	Zoom, PS Naya Bazar, Dist, Soreng, West Sikkim.		
	Witness-3: Name	Diwash Kami		
	Mobile No.	8436106709		
	Address	Sawali Gaon, PS Naya Bazar, Dist Soreng, West Sikkim		
	Witness-4: Name			
	Mobile No.			
	Address			
10.	Brief description of the Accident Tata Truck bearing registration No SK 02D-0677 headed towards Rangpo Sikkim with loaded cement fell down approx. 50 mtrs into Teesta river from NH-10 near Kirney on 20.01.2024 at about 03.00/04.00 hrs morning time. During the investigation it was learnt that the accident occurred due to rash and negligence driving by driver of vehicle. On this accident one person was missing and truck was sink into the river Teesta and its loaded cement also washed away by river Teesta. Driver of vehicle got leg injured and admitted at Kalimpong District Hospital, Later, a dead body of missing person also found at Teesta river bed near Laborbotey, Melli.			
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
Vi	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. : 9932371025

P.S. : Kalimpong

Date : 09.03.2024

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.	09/2024
Date	20.01.2024
Under Section	279/337/338 IPC adding sec 304 A IPC
Police Station	KALIMPONG PS

1.	Date of Accident	20.01.2024
2.	Time of Accident	Morning
3.	Place of Accident	NH-10, near Mamkhola
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	SK 02D 0677
6.	Owner Details	
	Name	Dil Kumar Kani
	Address	Sribadam, PS Kaluk, Dist. Soreng, Sikkim
7.	Driver Details	
	Name	Ruben Rai
	Address	Lower Gom, Belbotey, PS Kitam, Dist. Namchi, South Sikkim.
8.	Insurance Details	
	Policy No.	3379/03453030/000/00
	Period of Policy	13.03.2024 (Midnight)
	Name of Insurance Company	Cholamandalam MS General Insurance Company Ltd

DEATH CASE

9.	Name of the deceased	Mukesh Rai
10.	Father's Name	Ganesh Rai
11.	Age / Date of Birth	32yrs
12.	Date of death	In between 20.01.2024 to 21.01.2024
13.	Gender of the deceased	Male
14.	Marital status of the deceased	Married
15.	Occupation of the deceased	Helper
16.	If the deceased was employed, give the name and address of the employer	No
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 costless 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
i.	Premit Lepcha		Female	Wife
ii.	Pranshu Rai	9yrs	Male Child	Son
iii.	Prayan Rai	6yrs	Do	Son
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>			
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>	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 If yes, provide details		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			
viii.	Classification (if Government)		Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions	

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	
ii.	In Patient/Out Patient	
iii.	Time of Arrival	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
viii.	Injury Severity	<input type="checkbox"/> Fatal <input type="checkbox"/> Grievous Injury <input type="checkbox"/> Simple Injury Hospitalized <input type="checkbox"/> Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	<input type="checkbox"/> Father <input type="checkbox"/> Guardian
x.	Relation (if Female)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	<input type="checkbox"/> Voter ID <input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <input type="checkbox"/> ID Proof Unavailable
xv.	ID Proof Number	

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	<p>Back Injury</p> <p>Buttocks Injury</p> <p>Chest Injury</p> <p>Face</p> <p>Hand</p> <p>Head</p> <p>Hip</p> <p>Knee</p> <p>Leg</p> <p>Neck</p> <p>Not applicable</p> <p>Shoulders Injury</p> <p>Abdominal</p>
ii.	Trauma Flag / Triage	<p>Red</p> <p>Yellow</p>

		Plastic & Reconstructive Surgery
		Pediatric Surgery
		Psychiatry
		Pulmonary Medicine
		Radiation Oncology
		Radiology
		Rheumatology
		Surgical Oncology
		Thoracic Surgery
		Transplant Surgery
		Urology
		Vascular Surgery
		Wound CareENT
		Neurology
		Neurosurgery
		Oncology
		Ophthalmology
		Otolaryngology
		Pathology
		Pharmacy
		Physiology
		Physiotherapy
		Podiatry
		Preventive Medicine
		Psychiatry
		Psychology
		Public Health
		Rehabilitation Medicine
		Respiratory Medicine
		Rheumatology
		Surgery
		Thoracic Surgery
		Transplant Surgery
		Urology
		Vascular Surgery
		Wound Care

		Plastic & Reconstructive Surgery
		Pediatric Surgery
		Psychiatry
		Pulmonary Medicine
		Radiation Oncology
		Radiology
		Rheumatology
		Surgical Oncology
		Thoracic Surgery
		Transplant Surgery
		Urology
		Vascular Surgery
		Wound CareENT
		Cardiothoracic Surgery
		Oral Surgery
		Otolaryngology
		Proctology
		Neurology
		Neurosurgery
		Ophthalmology
		Oncology
		Orthopedics
		Pathology
		Pharmacy
		Physiology
		Physiotherapy
		Podiatry
		Preventive Medicine
		Psychiatry
		Psychology
		Public Health
		Respiratory Medicine
		Rheumatology
		Surgery
		Transplant Surgery
		Urology
		Vascular Surgery
		Wound Care

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

		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	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/penditure 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 Medici claim 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.	Premil Lepcha	Lepcha	
2.	Pranishu Rai		
3.	Prayan Rai		
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.	09/2024
Date	20.01.2024
Under Section	279/337/338 IPC Adding Sec. 304A IPC
Police Station	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				
2.	Age/Date of Birth				
3.	Sex				
4.	SC/ST/OBC/ General				
5.	Father's Name				
6.	Mother's Name				
7.	Guardian's Name (If different from parent)				
8.	Family Income (Annual)				
9.	Permanent Address				
10.	Present Address				
11.	Contact No. of father/ mother / family member				
12.	Whether the child is differently abled: <i>If yes, give details</i>				
13.	Present living conditions, economic condition (after the accident)				

Educational details of children

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

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

Documents to be submitted:

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

Verification:

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

Prenik Lepcha
Victim(s)

Name and photograph of all the Minor Children

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

Note:

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

CHARGE SHEET / FINAL REPORT

(Under Section 173 Cr.P.C.)

IN THE COURT OF **Ld. CHIEF JUDICIAL MAGISTRATE, KALIMPONG.**

1. Dist. Kalimpong PS Kalimpong Year 2024 FIR No 09 Date 20/01/2024
2. Charge Sheet No-46/2024 3. Date 18/04/2024
4. i) ActIPC..... Section.....279/337/338
 ii) ActIPCAdding Section ...304 A
 iii) Act Section
 iv) Other Acts and Sections
5. Type of Final Report: Charge Sheet/Untraced/Unoccurred/ Not Charge Sheeted for want of evidence Charge Sheet.....
6. If F.R. unoccurred : False / Mistake of fact / Mistake of Law / Non cognizable / Civil nature
7. If Supplementary or Original Original
8. Name, Rank and Number (if any) of the I.O. (s).... ASI-267 Samir Lepcha
9. a) Name of Complainant / Informant.....Dil Kumar Kami
 b) Husband's NameLate Ganga Ram Kami.
10. Date on which the Complainant / Informant was informed of the result 18/04/2024.
11. Detail of Properties / Articles / Documents recovered / Seized during investigation and relied upon separate list can be attached, if necessary:

Sl. No	Property Description	Estimated Valued (in RS)	P.S. Property Register No	From whom/where Recovered or Seized	Disposal
1	2	3	4	5	6
1	One white colour Tata 1613 truck bearing Regd. No SK02D-0677 fully damaged in condition.		KPG PS PR No- 18/24	Dil Kumr Kami S/o Late Ganga Ram Kami of Sribadam, PS Kaluk, Soreng, West Sikkim.	Kept in Laborbotay Police camp's compound
2	03 (three) yellow colour of cement bags with torn and washed by river water & style as Ambuja Cement. Net Quantity 50 kgs.				
3	One photocopy of Certificate of Registration having Regtration No SK 02D- 0677 in r/o Dil Kr Kami Engine No- 697TC69BTY101929, Chassis No- MAT3F335242B03509.		KPG PS PR No- 17/24		Kept with C.D.
4	One Certificate of Insurance cum policy Schedule having Policy No 3379/03453030/000/00 (UIN 1RDAN 123RP0003V03100001) period of validity from 14.03.2023 10.00hr to 13.03.2024 midnight issued by CholaMS General Insurance Company Ltd.				

5	One scanning copy of Driving Licence having D/L No WB 73 2019 0079172 in the name of Ruben Rai Issued on 20.11.2019 by issuing Authority L.A. Siliguri	KPG PS PR NO- 19/24	Ruben Rai S/o Suren Rai of Lower Gom, Belbotey, PS Kitam, Dist. Namchi	Kept at KPG PS Mal Khana
5	One original Certificate of Registration having Registration No SK02D- 0677 date of Regn. 27.05.- 2016 regn Chassis No MAT373352G2B03509, Engine NO- 697TC69BTY101929 owner name Dil Kr Kami S/o Late Ganga Ram Kami Vehicle class- Goods Carrier (HGU), issued by Registrater Authority Motor Vehicle Deptt. Gyalshing West Sikkim.	KPG PS PR No- 50/2024	Dil Kumr Kami S/o Late Ganga Ram Kami of Sribadam, PS Kaluk, Soreng, West Sikkim.	Kept at KPG PS Mal Khana
6	One authorization letter			
7	One original permit form SKV-47 Goods Carrier Permit having No 10/MV dt 15.02.2024 issued by Registration Authority Motor Vehicle Deptt. Gyalshing West Sikkim.			
8	One Driving Licence having D/L No-BR 01 20180121541 in the name of Ruben Rai issued on 08.02.2018 and validity (NT) 07.02.2038 & (TR) 13.05.2026 issued by Licencing Authority DTOSamastipur.	KPG PS PR No- 80/2024		
9	One original temporary permit vide Memo No 44/MVD/MCP Dt 18.01.2024 Permit was valid from 18/01/2024 to 24/01/2024 permitted to vehicle No SK 02D 0677 for carriage of the under mentioned items- Sribadam to Siliguri, NJP Purpose for repairing of vehicle only.			

11. A Number of accused persons charge-sheeted: 01 (One)
B Number of accused persons not charge-sheeted: Nil

12. Particulars of accused charge-sheeted:

i)	NAME	RUBEN RAI
ii)	FATHER'S /HUSBAND'S NAME	SUREN RAI
iii)	DATE/ YEAR OF BIRTH	2000
iv)	SEX	MALE
v)	NATIONALITY	INDIAN
vi)	RELIGION	HINDU
vii)	WHETHER SC / ST	-
viii)	OCCUPATION	DRIVER
IX)	ADDRESS	LOWER GOM, BELBOTEY, PS KITAM DIST NAMCHI, SOUTH SIKKIM.
X)	PROVISIONAL CRIMINAL NO	
XI)	REGULAR CRIMINAL NO	
XII)	DATE OF ARREST	
XIII)	DATE OF RELEASE ON BAIL	20/03/2024
XIV)	DATE ON WHICH FORWARDED TO COURT	
XV)	UNDER ACTS AND SECTIONS	279/337/338 IPC Adding Sec 304A IPC
XVI)	NAME (S) AND ADDRESS (ES) OF SURETIES	
XVII)	PREVIOUS CONVICTIONS WITH CASE REFERENCE	
XVIII)	FORWARDED/BAILED BY POLICE/UNDER POLICE CUSTODY/ BAILED BY COURT/IN JUDICIAL CUSTODY/ ABSCONDING / PROCLAIMED OFFENDER:	BAILED BY COURT

(Attach Separate sheet, if necessary)

3. Particulars of accused persons not charge-sheeted (suspected):

- i) Name
 ii) Father's/ Husband's Name
 iii) Date/Year of Birth.....

iv) Sex:.....

v) Nationality:

vi) Religion:

vii) Whether SC / ST:

viii) Occupation:

ix) Address:

x) Provisional Criminal No:

xi) Suspicion Approved: Yes/No

xii) Forwarded/Bailed by Police/Under Police Custody/ Bailed by Court/In Judicial Custody/ Absconding / Proclaimed Offender:.....(Bailed by Court).

xiii) Under Acts and section:

xiv) Any special remarks including reasons for not charge-sheeting

.....

(Attach separate sheet, if necessary)

14. Particulars of witnesses to be examined:

Sl./ No 1	Name 2	Father's/Husband's name 3	Date/Year of birth 4	Occupation 5	Address 6	Type of evidence to be tendered 7
1.	DIL KUMAR KAMI S/O LATE GANGA RAM KAMI OF SRIBADAM PS KALUK, DIST SORENG WEST SIKKIM.					COMPLAINANT
2.	GOPI KRISHNA DARJEE @ GOPI DAS (49YRS)S/O LATE BIRKHA BAHADUR DARJEE OF SIRIBADAM, PS KALUKDIST SORENG, WEST SIKKIM.					SEIZURE LISTWITNESS U/S 161Cr. P.C.
3.	BHADRA BISWAKARMA (49YRS)S/O KARNA BAHADUR BISWAKARMA OF ZOOM, PS NAYA BAZAR, DIST, SORENG, WEST SIKKIM.					WITNESS U/S 161Cr. P.C.
4.	DIWASH KAMI (23YRS)S/O LATE NAR BAHADUR KAMI OF SAWALI GAON, PS NAYA BAZAR, DIST. SORENG, WEST SIKKIM.					SEIZURE LISTWITNESS U/S 161Cr. P.C.
5.	SUREN RAI (42yrs) S/O LATE LAL BAHADUR RAI OF LOWER GOM BELBOTEY, PS KITAM DST NAMCHI SOUTH SIKKIM					SEIZURE LIST WITNESS
6.	CHANDRA KR KAMI (23yrs) S/O SRI GOPAL KAMI OF SAMSING PIPELEY W/NO 3 SUBITAR, PS NAYA BAZAR, WEST SIKKIM					-DO-
7	NESTOR RAI S/O EMMANUEL RAI OF UPPER LOLAY RIMCHIMAY GAON PS LAVA DIST. KALIMPONG.					WITNESS U/S 161 Cr.P.C.

8	BIREN RAI S/O LATE BIR MAN RAI OF GITABLING, LOWER BEONG, PS LAVA DIST KALIMPONG	WITNESS U/S 161 Cr.P.C.
9	GHANA SHYAM KAMI S/O GANGA RAM KAMI OF SRIBADAM, PS KALUK, SORENG WEST SIKKIM.	SEIZURE WITNESS
10	SI INDRA TAMANG OF MELLI OP UNDER PS KALIMPONG	-DO-
	C/435 SUMANTA MONDAL OF MELLI OP UNDER PS KALIMPONG.	-DO-
11	C/09 BISHNU ROY OF MELLI OP UNDER PS KALIMPONG.	U/D ESCORT
12	SI ALAMGIR SARKAR OF MELLI OP UNDER PS KALIMPONG.	E.O. of U/D
13	SANJIB ROY MECHANICAL EXPERT, PANPARA, JALPAIGURI.	M.E.
14	DR PADI AMPI OF MEDICAL OFFIER OF DISTRICT HOSPITAL KALIMPONG.	M.O.
15	DR AJOY SITLING MEDICAL OFFICER OF DISTRICT HOSPITAL KALIMPONG.	M.O.
16	SI SARAN SARKI OF PS KALIMPONG.	R.O.
17	ASI SAMIR LEPCHA OF KALIMPONG POLICE STATION.	I.O.

15. If F.R. is false, action taken or proposed to be taken u/s 182/211 I.P.C.

.....

16. Result of laboratory analysis

.....

17. Brief facts of the case: on 20/01/2024 one Sri Dil Kumar Kami s/o Late Ganga Ram Kami of Siribadam, PS Kaluk Dist, Soreng, West Sikkim, lodge a written complaint to effect that on 20/01/2024 morning the truck bearing No SK 02D- 0677 loaded with cement coming from Siliguri to Rangpo Sikkim. On reaching NH-10 near Kirney the truck met an accident by fell down into the river Teesta. The truck was driven by driver Ruben Rai. The driver of truck was rescued in injured condition and sent to Kalimpong District Hospital. There is not trace of person who was boarded on the truck. On the basis of written complaint the case was started and endorsed to me for its investigation. I ASI Samir Lepcha of Melli OP took up its investigation.

Despatched ata.m./p.m.

Signature of the investigation
 Submitting the Final Report/Charge Sheet

Name SAMIR LEPCHA
 Rank A.S.I.
 Number, if any 267
 Date 18/04/2024

During the investigation, I visited the P.O. and prepared a rough sketch map along with its index. Examined the witnesses and recorded their statement u/s 161 Cr.P.C. in separate sheet. During the investigation I seized the fully damaged vehicle and its vehicular papers under proper seizure list after taking out the vehicle from river Teesta.

During preliminary investigation it could be learn that the accident was occurred due to negligence and rash driving by driver of vehicle namely Ruben Rai s/o Suren Rai of Lower Gom, Belbotey, PS Kitam, Dist Namchi, South Sikkim. On this accident one person was missing and the truck had sunked into the river Teesta and its loaded cement also was washed away by river Teesta. Driver of vehicle got injured on his leg and was admitted at Kalimpong District Hospital.

In the course of the investigation, one dead body of deceased namely Mukesh Rai was found in the river bank of Teesta at Laborbotey, who boarded in the truck when met an accident at 7th Mile NH-10 near Kirney on 20.01.2024, over a written information Kalimpong PS begun U/D case and inquest report had prepared by Enquiry Officer SI Alamgir Sarkar of Melli OP under PS Kalimpong. Later, I collected SCD along with all relevant papers from SI Alamgir Sarkar. During the investigation, the mechanical examination was done on the seized damaged vehicle by the Mechanical Expert, Shri Sanjib Roy of Panpara, Jalpaiguri and later, collected the report from Mechanical Expert. During the investigation I collected injury report and BHT of offending driver from the District hospital Kalimpong. I also collected the post-mortem report of deceased Mukesh Rai from record room of District Hospital Kalimpong.

During the investigation I served the notice u/s 41A Cr.P.C. to offending driver Ruben Rai and he comply after receiving the notice at Melli OP thereafter he voluntarily surrendered before Ld Court and was released by Court bail.

During the investigation of case a prima facie charge u/s 279/337/338 IPC adding sec 304 A IPC has been well established against the driver Ruben Rai (24yrs) s/o Suren Rai of Lower Gom, Belbotey, PS Kitam, Dist Namchi, South Sikkim.

I consulted the merit of the case with my superior who advised me to submit charge sheet in this case.

Hence, I am submitting charge sheet vide Kalimpong PS charge sheet No-46/2024 dt 18/04/2024 u/s 279/337/338 IPC adding sec. 304 A IPC against Ruben Rai (24yrs) s/o Suren Rai of Lower Gom, Belbotey, PS Kitam, Dist Namchi, South Sikkim to stand for his trial in the open court of law. There is lots of evidence to prove charge during trial, witnesses may kindly be summoned. The complainant has been duly informed the result of investigation.

Submitted

Particulars of Witnesses with their Contact Numbers.

Sl./ No 1	Name 2	Father's/Husband's name 3	Date/Year of birth 4	Occupation 5	Address 6	Type of evidence to be tendered 7
1.	DIL KUMAR KAMI S/O LATE GANGA RAM KAMI OF SRIBADAM PS KALUK, DIST SORENG WEST SIKKIM. (M/No- 9733281981)					COMPLAINANT
2.	GOPI KRISHNA DARJEE @ GOPI DAS (49YRS)S/O LATE BIRKHA BAHADUR DARJEE OF SIRIBADAM, PS KALUKDIST SORENG, WEST SIKKIM. (M/No- 9733235719)					SEIZURE LISTWITNESS U/S 161Cr. P.C.
3.	BHADRA BISWAKARMA (49YRS)S/O KARNA BAHADUR BISWAKARMA OF ZOOM, PS NAYA BAZAR, DIST, SORENG, WEST SIKKIM. (M/No- 9382822747)					WITNESS U/S 161Cr. P.C.
4.	DIWASH KAMI (23YRS)S/O LATE NAR BAHADUR KAMI OF SAWALI GAON, PS NAYA BAZAR, DIST. SORENG, WEST SIKKIM. (M/No-8436106709)					SEIZURE LISTWITNESS U/S 161Cr. P.C.
5.	SUREN RAI (42yrs) S/O LATE LAL BAHADUR RAI OF LOWER GOM BELBOTEY, PS KITAM DST NAMCHI SOUTH SIKKIM. (M/No- 9339641075)					SEIZURE LIST WITNESS
6.	CHANDRA KR KAMI (23yrs) S/O SRI GOPAL KAMI OF SAMSING PIPELEY W/NO 3 SUBITAR, PS NAYA BAZAR, WEST SIKKIM.					-DO-
7	NESTOR RAI S/O EMMANUEL RAI OF UPPER LOLAY RIMCHIMAY GAON PS LAVA DIST. KALIMPONG. (M/No- 8944968950)					WITNESS U/S 161 Cr.P.C.
8	BIREN RAI S/O LATE BIR MAN RAI OF GITABLING, LOWER BEONG, PS LAVA DIST KALIMPONG. (M/No- 9547551838)					-DO-
9	GHANA SHYAM KAMI S/O GANGA RAM KAMI OF SRIBADAM, PS KALUK, SORENG WEST SIKKIM. (M/No- 7001425641)					SEIZURE WITNESS
10	SI INDRA TAMANG OF MELLI OP UNDER PS KALIMPONG. (M/No- 8250952699)					-DO-
11	C/435 SUMANTA MONDAL OF MELLI OP UNDER PS KALIMPONG. (M/No- 6294405859)					-DO-
12	C/09 BISHNU ROY OF MELLI OP UNDER PS KALIMPONG. (M/No- 9126546944)					U/D ESCORT
13	SI ALAMGIR SARKAR OF MELLI OP UNDER PS KALIMPONG. (M/No- 9851550087)					E.O. of U/D
14	SANJIB ROY MECHANICAL EXPERT, PANPARA, JALPAIGURI. (M/No- 6294085665)					M.E.
15	DR PADI AMPI OF MEDICAL OFFICER OF DISTRICT HOSPITAL KALIMPONG. (M/No- 7005856825)					M.O.
16	DR AJOY SITLING MEDICAL OFFICER OF DISTRICT HOSPITAL KALIMPONG. (M/No- 9434064561)					M.O.
17	SI SARAN SARKI OF PS KALIMPONG. (M/No- 7001818513)					R.O.
18	ASI SAMIR LEPCHA OF KALIMPONG POLICE STATION. (M/No- 9932371025)					I.O.

Submitted

8	BIREN RAI S/O LATE BIR MAN RAI OF GITABLING, LOWER BEONG, PS LAVA DIST KALIMPONG	WITNESS U/S 161 Cr.P.C.
9	GHANA SHYAM KAMI S/O GANGA RAM KAMI OF SRIBADAM, PS KALUK, SORENG WEST SIKKIM.	SEIZURE WITNESS
10	SI INDRA TAMANG OF MELLI OP UNDER PS KALIMPONG	-DO-
	C/435 SUMANTA MONDAL OF MELLI OP UNDER PS KALIMPONG.	-DO-
11	C/09 BISHNU ROY OF MELLI OP UNDER PS KALIMPONG.	U/D ESCORT
12	SI ALAMGIR SARKAR OF MELLI OP UNDER PS KALIMPONG.	E.O. of U/D
13	SANJIB ROY MECHANICAL EXPERT, PANPARA, JALPAIGURI.	M.E.
14	DR PADI AMPI OF MEDICAL OFFIER OF DISTRICT HOSPITAL KALIMPONG.	M.O.
15	DR AJJOY SITLING MEDICAL OFFICER OF DISTRICT HOSPITAL KALIMPONG.	M.O.
16	SI SARAN SARKI OF PS KALIMPONG.	R.O.
17	ASI SAMIR LEPCHA OF KALIMPONG POLICE STATION.	I.O.

15. If F.R. is false, action taken or proposed to be taken u/s 182/211 I.P.C.

.....

16. Result of laboratory analysis

.....

17. Brief facts of the case: on 20/01/2024 one Sri Dil Kumar Kami s/o Late Ganga Ram Kami of Siribadam, PS Kaluk Dist, Soreng, West Sikkim, lodge a written complaint to effect that on 20/01/2024 morning the truck bearing No SK 02D- 0677 loaded with cement coming from Siliguri to Rangpo Sikkim. On reaching NH-10 near Kirney the truck met an accident by fell down into the river Teesta. The truck was driven by driver Ruben Rai. The driver of truck was rescued in injured condition and sent to Kalimpong District Hospital. There is not trace of person who was boarded on the truck. On the basis of written complaint the case was started and endorsed to me for its investigation. I ASI Samir Lepcha of Melli OP took up its investigation.

Despatched ata.m./p.m.

Signature of the investigation

Submitting the Final Report/Charge Sheet

Forwarded
18.4.24.
 Inspector-in-Charge
 Kalimpong Police Station
 Dist Kalimpong

Name SAMIR LEPCHA
 Rank A.S.I.
 Number, if any 267
 Date 18/04/2024



INDIAN UNION DRIVING LICENCE

ISSUED BY GOVERNMENT OF BIHAR



BR01 20180121541

Issue Date
08-02-2018

Validity (NT)
07-02-2038

Validity (TR)
13-05-2026



Ruben Rai

Holder's Signature

Name : RUBEN RAI

Date Of Birth : 21-05-2000 Blood Group: B+

Organ Donar: NA

Son/Daughter/Wife of : SUREN RAI

Present Address : WARD NO 14 WARD BNO 14 YOKSUM, GEYZING, SK 731728

Date of First Issue (08-02-2018)

DL No. BR01 20180121541




ADPVEH No.(Regn.Numbers)

Hazardous validity

Hill Validity

COV Category	Class of Vehicle	COV Issue Date
NT	Motor cycle without Gear	08-02-2018
TR	Transport Vehicle-M/HMV	14-05-2021
NT	LIGHT MOTOR VEHICLE	10-05-2019

Mobile Number: NA


**Licencing Authority
DTO, SAMASTIPUR**

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.	09/2024	
Date	20.01.2024	
Under Section	279/337/338 IPC Adding Sec. 304A IPC	
Police Station	Kalimpong	

Date of Mechanical Inspection	26.01.2024
Name of Motor Vehicle Inspector	Sri Sanjib Roy
Registration No. of Motor Vehicle Inspector	029700-3

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	Tata Motor Ltd.
4.	Model Name	Truck 1613
5.	Colour of vehicle	White
6.	Engine Number	697TC69BTY101929
7.	Chassis Number	MAT373352G2B03509
8.	Location of vehicle inspection	
	Accident Site	
	Garage	
	Other (Specify)	Labarbotay, Melli

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	1/2016
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	Cholamandalam MS General Insurance Company Ltd
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>Sudden Start</p> <p>Starting from off side</p> <p>Starting from near side</p> <p>Sudden Stop</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>Multiple Damage</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 of air • Leakage of air • Worn out parts <p>Hydraulic</p> <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid <p>Mechanical</p> <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 Inspector

Date :

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.	09/2024
Date	20.01.2024
Under Section	279/337/338 IPC Adding Sec. 304A IPC
Police Station	Kalimpong

1.	Date of Accident	20.01.2024	
2.	Time of Accident	Morning	
3.	Place of Accident	NH-10, near Kirney, Melli, 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.	SK 02D-0677	
	Make	Tata Motor Ltd.	
	Model	Truck 1613	
	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	Ruben Rai	
	Father's Name	Suren Rai	
	Mobile No.	9339641075	
	Address	Lower Gom, Belbotey, PS Kitam, Dist. Namchi, South Sikkim.	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.	BR01 2018 0121541	
	Validity of Licence	13.052026 (TR)	
	Licensing Authority	DTO, Samastipur	
7.	Owner of offending vehicle		
	Name	Dil Kumar Kami	
	Father's Name	Late Ganga Ram Kami	
	Mobile No.	9733281981	
	Address	Sribadam, PS Kaluk, Soreng, West Sikkim	
8.	Insurance Details of offending vehicle		
	Policy No.	3379/03453030/000/00	
	Period of Policy	13.03.2024 (Midnight)	
	Name of Insurance Company	Cholamandalam MS 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>	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</i> <i>If no, give reasons</i>	Yes	No	
18.	Whether the Owner reported the accident to the Insurance Company <i>If yes, give date</i>	Yes	No	
19.	In case the driver fled from spot, whether the owner produced the driver before the police <i>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</i>	Yes	No	
Victim(s) details				

20.	Victim(s)	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)	
<u>DEATH CASE</u>			
21.	Name of the deceased	Mukesh Rai	
22.	Age of the deceased	32yrs	
23.	Occupation	Helper of driver	
24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
(i)	Premit Lepcha	Spouse	24yrs
(ii)	Pranshu Rai	Son	9yrs
(iii)	Prayan Rai	Son	7yrs
(iv)			
(v)			
<u>INJURY CASE</u>			
25.	Name of the injured		
26.	Age		
27.	Occupation		
28.	Nature of Injury		
	Simple		
	Grievous		
29.	Details of Injury		
30.	Offences Charged		
	<u>Indian Penal Code, 1860</u>		
a.	Section 279	Rash driving or riding on a public way	
b.	Section 337	Causing hurt by act endangering life or personal safety of others	
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others	
d.	Section 304-A	Causing death by negligence	
e.	Any other offence		
	<u>Motor Vehicles Act, 1988</u>		
a.	Sections 3/181	Driving without license	
b.	Sections 4/181	Driving by minor	

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

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

i.	The driver of the offending vehicle has not furnished Form-III/has furnished incomplete Form-III, despite letter(s) dated..... [Copy (s) attached]. The driver be directed to furnish the Form-III before this Tribunal within 15 days.	
ii.	The owner of the offending vehicle has not furnished Form-IV/ has furnished incomplete Form-IV, despite letter(s) dated.....[Copy (s) attached]. The owner may be directed to furnish the Form-IV before this Tribunal within 15 days.	

iii.	The victim(s) of the accident has/have not furnished Form-VI/ Form-VIA/ has furnished incomplete Form-VI/ Form-VIA, despite letter(s) dated..... [Copy (s) attached]. The victim may be directed to furnish the Form-VI/ Form-VIA before this Tribunal within 15 days.	
iv.	The Registration Authority has not given the Verification Report despite letter(s) dated.....[Copy (s) attached]. The Registration Authority be directed to furnish the Verification Report directly before this Tribunal within 15 days.	
v.	The Hospital has not given the MLC/ Post Mortem report despite letter(s) dated [Copy (s) attached]. The Hospital be directed to furnish the above-mentioned documents directly before this Tribunal within 15 days.	
33.	Documents to be attached	
	Document	Attached Not Attached
i.	FIR	
ii.	Form-I - First Accident Report (FAR)	
iii.	Form-II - Rights of Victim(s) and Flow Chart	
iv.	Form-III - Driver's Form along with documents submitted	
v.	Form-IV - Owner's Form along with documents submitted	
vi.	Form-V - Interim Accident Report (IAR) along with documents submitted	
vii.	Form-VI- Victim's Form along with documents submitted	

viii.	Form-VIA - Details of minor children of the Victim along with documents submitted		
ix.	Form-VII- Detailed Accident Report (DAR)		
x.	Form-VIII - Site Plan		
xi.	Form-IX - Mechanical Inspection Report		
xii.	Form-X - Verification Report		
xiii.	Form-XI - Insurance Form along with documents submitted		
xiv.	Photographs of the scene of accident from all angles		
xv.	Photographs of all the vehicles involved in the accident from all angles		
xvi.	CCTV Footage of the accident		
xvii.	Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974)		
xviii.	Copy of notice under section 133 of the Motor Vehicles Act, 1988		
	DEATH CASE		
xix.	Post-Mortem Report		
	INJURY CASE		
xx.	Medico Legal Case (MLC) form		
xxi.	Multi angle photographs of the injured		
	OTHER DOCUMENTS		
xxii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the driver		
xxiii.	Letter(s) of the Investigating Officer demanding the relevant information /documents from the owner		
xxiv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Insurance Company		

xxv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Victim(s)		
xxvi.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Registration Authorities		
xxvii.	Letter of the Investigating Officer demanding the relevant information/ documents from the Hospital		

Verification:

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

S.H.O./I.O P.I.S./EMPLOYEE No. :

Phone No. : 9932371025

P.S. : Kalimpong

Date:

FORM- VIII**SITE PLAN**

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

FIR No.	09/2024	
Date	20.01.2024	
Under Section	279/337/338 IPC Adding Sec. 304A IPC	
Police Station	Kalimpong	

1.	Date of preparation of site plan	
2.	Type of collision(collison 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	NH-10, 7 th Mile, near Kirney. Kalimpong
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/Kutch Road
v.	Surface Condition	Good Reveling Loose Flooded Slippery/ Oily Muddy
		Corrugated / Wavy road Pot Holes Snowy Road Under Repair No Influence on Accident
vi.	Type of Carriageway	Single Lane (1 Way) Single Lane (2 Way) Immediate Lane 2 Lane (1 Way) 2 Lane (2 Way) 3 Lane (1 Way) 3 Lane (2 Way) 4 Lane Undivided (2 Way) 4 Lane divided (2 Way) 6 Lane Undivided (2 Way) 6 Lane divided (2 Way) 8 Lane divided (2 Way)

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

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

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

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

Phone No: 9932371025

P.S. : Kalimpong

Date:

FORM-X**VERIFICATION REPORT**

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

FIR No.	09/2024	
Date	20.01.2024	
Under Section	279/337/338 IPC Adding Sec. 304A IPC	
Police Station	Kalimpong	

1.	Vehicle Registration No.	SK 02D-0677
	Validity Period	
2.	Engine No.	697TC69BTY101929
3.	Chassis No.	MAT373352G2B03509
4.	Category of Vehicle	LMV/ HMV/MGV
		Private or Commercial
5.	Vehicle Make & Model	
	Make	Tata Motor Ltd.
	Model	Truck 1613
6.	Owner Details	
	Name	Dil Kumar Kami
	Address	Sribadam, PS Kaluk, Soreng, West Sikkim
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	
	Validity	
9.	Details of Fitness Certificate	
	Fitness Certificate No.	
	Validity	
10.	In case record not available, state reasons	

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

Phone No. :

P.S. :

Date:



GST Invoice No.: 3379434614430 DATE: 15/03/2023 PAN: AAEC6633K SAC Code: 997134 SAC Description: Motor vehicle insurance services		CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD. ADDRESS: KOLKATA - BRANCH CHILABILL DASS TOWERS, 3TH FLOOR 6A, MIDDLETON STREET, KOLKATA, WEST BENGAL SHAKESPEARE SARANI S.O CITY: KOLKATA STATE: WEST BENGAL GSTIN: 19AAUCC6633K1ZG	
Business Location: KOLKATA - BRANCH Policy Number: 3379/03453030/000/00 Name & Communication Address: TAWEN LIMBOO KALUK SRIBADAM ,SRI BADAM B.O, WEST SIKKIM, SIKKIM, PIN - 737121 Mobile- 9733349600, Landline- -		Cover Note No.: 98899157 Customer Code: 1012631937500001 Policy Type: Package - Goods Carrying Vehicle Name and Registration Address: KALUK SRIBADAM ,SRI BADAM B.O, WEST SIKKIM, SIKKIM PIN - 737121 Mobile- 9733349600, Landline- -	
Aadhar No.: 216089026179 Certificate Number: 3379/03453030/000/00 Period of Insurance: From 14/03/2023 10:00 hours to midnight on 13/03/2024		PAN No.: ALFPL2068D Geographical Area: India Business or Profession: Individual	

PARTICULARS OF THE VEHICLE INSURED							
Date of Registration: 27/05/2016		Place of Registration: GYALSHING		Registration Mark: SK-02-D-0677			
Make: ASHOK LEYLAND		Model: 1613		Variant: TRUCK		Vehicle Colour: -	
Type of Body: CLOSEBODY		Fuel Used: DIESEL		Engine No.: 6977C698TY101929		Year of Mfg: 2016	
Cubic Capacity: 5759		Watts:-		Gross Vehicle Weight (GVW): 16200		GVW as per RC:	
Licensed passenger Carrying Capacity: 6		Driver: 1		Cleaner: 0		Conductor: 1	
				Total Seating Capacity Including Driver: 7		Chassis No. (Trailer):-	
				IDV (Insured Declared Value)			
Value of Chassis (Rs): 652750		Value of Body (Rs): 941550		For Vehicle (Rs): 15,94,300.00		For Trailer (Rs): 0.00	
Electrical/Electronic Accessories (Rs): 0.00				Value of CNG/LPG Kit (Rs): 0.00		Non-Electrical Accessories (Rs): 0.00	
				Total Value (Rs): 15,94,300.00			

A. OWN DAMAGE					B. LIABILITY				
	SI	No. of Person	IMT	Premium (Rs)		SI	No. of Person	IMT	Premium (Rs)
Basic OD	15,94,300.00			29,353.00	Basic TP				35,313.00
IMT 23			23	4,403.00	Legal Liability to			40	50.00
TOTAL				33,756.00	Conductor		1		
Own Damage Premium				33,756.00	Paid Driver Cover		1	40	50.00
Experience Based Discount				24,898.43	TOTAL				35,413.00
TOTAL (A)				8,858.00	Vintage Car Discount				0
Chola value added services				0.00	TOTAL PREMIUM (B)				35,413.00
CVAS New				0.00	C. PERSONAL ACCIDENT COVERS				
E. OTHER CHARGES (NON PREMIUM)					PA for owner driver	15,00,000.00			750.00
Break In Loading				0.00	TOTAL PREMIUM (C)				750.00
TOTAL-OTHER CHARGES (NON PREMIUM) (E)				.00	TOTAL (A+B+C+E)				45,021.00
					TOTAL PACKAGE PREMIUM				45,021.00
					SGST (0%)				.00
					CGST (0%)				.00
					IGST (12%)				4,250.00
					CGST (0%)				.00
					SGST (10%)				.00
					IGST (18%)				1,729.00
					AMOUNT COLLECTED				51,000.00

LIMITATIONS AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988, falling under the Sub sector 3 of the Section 66 of Motor Vehicles Act 1988.

The Policy covers use of the vehicle for any purpose other than: a) Organised Racing b) Use while drawing a Trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle c) Pace Making d) Reliability Trial e) Speed Testing f) Use for carrying passengers in vehicles; except employees not exceeding the number permitted in the registration document and coming under the purview of Workmen's Compensation Act 1923.

DRIVER CLAUSE: Any person including insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989.

LIMITS OF LIABILITY: Under Section II - 1(i) of the Policy - Death or bodily injury such amount as is necessary to meet the requirements of the Motor Vehicle Act, 1988. Under Section II - 1(ii) of the Policy - Damage to Third Party Property - Rs. 7,50,000.00 P.A. Cover for the Owner cum Driver Under Section IV (CS1) - Rs. 15,00,000.00

Additional compulsory deductibles under Section 1 Rs.0
Additional Imposed deductibles under Section 1 Rs.0
 Subject to I.M.T. Endt. Nos. and Memorandum: 21,23,40.
 Coverage Under this policy is subject to realisation of premium cheque(s). In case of dishonor of cheque(s), no separate intimation will be given and the policy stands cancelled from inception.

Applicable benefits:-
 The policy wording with detailed terms, conditions, warranties, exclusions and the list of Ombudsman details are available on our website www.cholainsurance.com.
 Date and Signature of the proposal 14/03/2023. In witness where of this policy has been signed in lieu of the Cover Note No.:- Date:-

Warranties: Warranted that NCB under this Policy is based on representation regarding NCB and absence of claim under the previous Policy. If the information be found incorrect or false in any aspect, this Policy shall be void ab initio and no benefit shall be payable by the company. It is hereby warranted the coverage under this Policy commences only from the Risk Start time and Date as mentioned in the Policy schedule. No Liability shall attach under this Policy in respect of any Accident/Loss prior to the time and date of commencement of Period of Insurance.

This policy has been issued upon declaration by the Assured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy. This policy is preceded by break in insurance and hence it is expressly agreed and understood that there will be no liability for any loss or damage that has occurred prior to the date of commencement mentioned in the schedule.

As per GR 36A - PA for Owner driver refers to the Owner of the insured vehicle holding an effective driving licence.

No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

Intermediary Name: IBL-VFD-WEST BENGAL-GANGTOK
 Code: 2005231461650001
 Contact No: 3592270676

Note: The Motor Policy Schedule cum Certificate of Insurance is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place: CHENNAI Date: 15/03/2023 Receipt No: 1057825217 Receipt Date: 14/03/2023 For Cholamandalam MS General Insurance Company Ltd.

Digitally signed by:
KANCHIPURAM
SRIDHAR HARISH

Consolidated Stamp Duty Paid Vide G.O. Rt No. 525, Commercial Taxes and Registration (J1) Department, Tamil Nadu dated 23/12/2022.

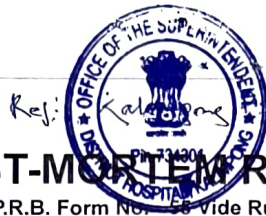
I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of the Motor Vehicles Act, 1988.

In the event of a claim under Compulsory personal accident cover (CPA), the intimation of the claim to the Insurer shall be within 30 days of its occurrence.

IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988, is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

For Information/Claims: Contact Toll Free Helpline at 1800 208 5544; SMS "CHOLA" to 56677; For CARE contact 1800 103 5354;
 E-mail: customercare@cholams.murugappa.com; www.cholainsurance.com
 Note: UIN for this product and the related add-on covers availed under this policy are as mentioned in the attached sheet, which forms part of the policy schedule.

Whether tax is payable under reverse charge basis - No.



Ref:

U/S Case No - 05/24 Dt: 21.01.2024

West Bengal Form No. 5372

POST-MORTEM REPORT

(P.R.B. Form No. 53 vide Rule 284)

STATION KALIMPING

22 day of January 2024

	Name, Sex, Age and Caste	Whence brought-Village and Thans.	Name of constable by whom brought and names of relatives accompanying	Date and hour of			Information furnished by Police	By whom identified before the Medical Officer.
				Despatch	Arrival at dead-house	Examination		
	MUKESH RAI 32yrs/Male Hindu	Dank & Tarsa River, Labaibajay, Jharkhand Kalimping.	C/O Bishnu Ray & Melli OP, Under Kalimping P.S	18.55 hr. 21.1.24	10pm on 21/1/24	12.15 pm on 22/1/24	As per Inquest	C/O Bishnu Ray (Constable)
N.B. Observe the state of all the organs and when no disease or injury is found write "Healthy"								
I-EXTERNAL APPEARANCE	1.-Condition of subject-stout, emaciated decomposed etc.		2.-Wounds - position, size character.		3.-Bruises - position, size and nature.		4.-Marks of ligature on neck, dissection etc.	
	Stout. Wearing white Vest & Ash Colours Shirt & Red cloth & Black Colours Trousers. Hair Dark and dark blue Colours Jangia.		1) Cut Injury forehead 3cm x 1cm 2) Abrasion over chin & abrasion on left side of chest & abdomen Hastings		1) Cut Injury Right side of nose 2cm x 1cm 2) Abrasion over arm/leg (wrist) & back (vis) Abrasion (Bruise) on back region: (vis) Blood in (vis)		Cut Injury upper lips 2cm x 1cm Vaginal (vis) Abrasion & Bruises on back region: (vis) Blood in (vis)	
II- CRANIUM AND SPINAL CANAL	1. - Scalp - Skull and vertebrae.		2.- Membrane.		3. Brain and spinal Cord - [The spinal canal need not be examined unless any indication of disease or injury exists.]			
	Scalp Injury As noted above.		Congested.		Dissection Hemorrhage over frontal part of Brain (1" x 1") SDH & Blood clot all over cerebral hemisphere of Brain. Spinal Cord normal.			
III- THORX	1.- Walls, ribs and Cartilages.	2.-Pleura	3.-Larynx and Trachea.	Right lung	Left lung	Pericardium	Heart.	Vessels.
	As noted.	Congested Anomalous fluid	Congested Hydrothorax & thymic Cystic Sister	Congested	Congested	Healed	Congested	Delayed CHF Injury.
IV - ABDOMEN	1.-Was us	2.-Peritoneum	3.-Mouth, Pharynx and Esophagus	4.-Stomach and its contents	5.-Small intestine and its contents	6.-Large intestine and its contents		
	Healthy.	Hemoperitoneum	Congested	Congested. Contents fleshy mixed chyl.	Dissective Hematomas, Congested.	Congested gas & feces.		
	7.-Liver	8.-Spleen	9.-Kidneys.	10.-Bladder.	11.-Organs of generation external and internal			
	Congested.	Lacerated Injury & Clot. in the Subcapsular & perisplenic region (Bleed 2-3 organs)	Congested	Congested.	2nd grade - Delayed Femur fracture.			
MUSCLES BONES AND JOINTS	1.-Injury	2.-Disease or deformity		3.-Fracture		4.-Dislocation		
	As noted above.	Nil		Nil		Nil		
MORE DETAILED DESCRIPTION OF INJURY OR DISEASE	OPINION OF THE MEDICAL OFFICER AS TO THE CAUSE OF DEATH				REMARKS BY CIVIL SURGEON			
	N.B. : in the case of wounds note whether there is any indication of the wounds being homicidal suicidal or otherwise In my opinion death was due to the effects of the injuries as noted above - Hemorrhage in nature.				Civil Surgeon of.....			
Assistant Surgeon of				The day of 20				

Medical Officer
District Hospital Kalimping



Indian Union Vehicle Registration Certificate
Transport Department, Govt of Sikkim



Regn No SK02D0677 Date of Regn. 27-05-2016 Regn. Validity As per Fitness Owner Serial 2

Chassis No MAT373352G2B03509
Engine/Motor No 697TC69BTY101929

Owner Name DIL KUMAR KAMI
Son/Daughter/Wife of (In case of Individual Owner)
GANGA RAM KAMI

Ownership
INDIVIDUAL

Address 85/, SRIBADAM, KALUK, GYALSHING-SIKKIM-737121

Card Issue Date (15-02-2024)

Fuel
DIESEL

Emission Norms
BHARAT STAGE
III/IV

Vehicle Class: GOODS CARRIER (HGV)



Regn. Number
SK02D0677

Month-Year of Mfg.
01-2016

No. of Cylinders 6
No of Axle 30

Maker:
TATA MOTORS LTD

Model:
TRUCK 1613

Color: WHITE / Body Type:
/ TRUCK

Seating(In all) Capacity
2

Unladen / Laden Weight (Kg)
5600 / 16200

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm)
5675.00 / 0.00

Financier:
INDUSIND BANK LTD.



Registration Authority
Gyalsing West Sikkim
Motor Vehicle Deptt.

Form 23A

SEIZURE LIST

PR NO 17/24

REF:- Kalumpang PS Case No 09/24 dt 20.01.2024 u/s 279/
337/338 IPC

1. DATE & TIME OF SEIZURE : On 20.01.2024 at 20.05 hrs.

2. PLACE OF SEIZURE : At Melli D.P.

3. FROM WHOM SEIZED :

4. NAME OF WITNESS :

(I) Gopi Krishna Daryee @ (33yrs) S/o Late Ganga Ram Kami
Gopi Das of Sirubadlam PS Kaluk Dist
S/o Late Birkha Bds Daryee Soreng West Sukhim,
(II) of Sirubadlam PS Kaluk Soreng Sukhim (M/No 9733235719)


(II) Dwash Kami (23)
S/o Late Nas Bds Kami
of Sawali Gaon
PS Naya Bazar
Dist. Soreng (Sukhim) M/No 8436106709

5. DESCRIPTION OF SEIZED ARTICLES :

1. One Photocopy of Registration Certificate of vehicle bearing
No SK 02D 0677 in kept of Dil Kumar Kami having
Engine No 6977TG 69 BTY 101929 Chassis No MAT3F335
242B 03509


2. One Photocopy of Certificate of Insurance having Policy No
3379/03453030/000100 (VIN 1RDAN 123R P0003V 03100001)
in S/o SK 02D-0677 ~~was~~ by Chola MS General Insurance
Company Ltd, Kolkata Branch - Chhabiblass Tower, 3rd
Floor, 2A Middleton Street, Shakespeare Sarani SO Kolkata
West Bengal, Period of Insurance from 14.03.2023 10:00 hrs to 14
night on 13.03.2024.

6. SIGNATURE OF WITNESS

(I)  Gopi Krishna Daryee

(II) Dwash Kami

SEIZED BY ME


(ASi Samir Lepcha)

SEIZURE LIST


PR No 18/24

REF :- Kalimpong PS case No 09/24 dt 20.01.2024 u/s
279/337/338 IPC.

1. DATE & TIME OF SEIZURE : On 22.01.2024 in between 15.35 hr
to 15.45 hrs.
2. PLACE OF SEIZURE : NH-10 near Kurney.
3. FROM WHOM SEIZED : from owner of vehicle - Dil Kumar
Kamri (33 yrs) S/o Lali Ganga Ram Kamri
of Surbadaam PS Kaluk Dist Soreng
West Sikkim.
4. NAME OF WITNESS :
(I) Gopi Krishna Dargjee @
Gopi Das (49 yrs) S/o Late Borkha
Bdr Dargjee of Surbadaam
(II) PS Kaluk Soreng Sikkim
(M/N 9733235719)
(I) Diwash Kamri (23)
S/o Late Nar Bdr Kamri
of Sawali Gaon
PS Naya Bazar
Dist Soreng Sikkim (M/N 8436106709)
5. DESCRIPTION OF SEIZED ARTICLES :


1. One white colour Tata 1613 Truck having Registration
No SK02D 0877 in the condition of front both wheels
missing, whole cabin portion damaged and back side body
of truck damaged.
2. Three (03) yellow colour of Cement bags with torn and
washed by river water, names & style as Ambuja
Cement Net Quantity 50kg.

6. SIGNATURE OF WITNESS

(I)  Gopi Krishna Dargjee

(II) Diwash Kamri

SEIZED BY ME


(AS) Samir Lepcha
22.01.2024

SEIZURE LIST

PR NO 19/24

REF:- Kalimpong PS Case No 09/2024 dt 20.01.2024 u/s 279/
337/338 IPC.

1. DATE & TIME OF SEIZURE : On 22.01.2024 in between 17.05 hrs
to 17.10 hrs.

2. PLACE OF SEIZURE : At Melli OP

3. FROM WHOM SEIZED : From Ruben Rai (1944) S/o Suren
Rai of Lower Goom, PS Kitam,

4. NAME OF WITNESS : Belboley, Dist Namchi South Sikkim

(I) Suren Rai 42 yrs

S/o Late Lal Bahar Rai

of Lower Goom, Belboley

(II) PS Kitam Dist Namchi

South Sikkim (9339641075)

(II) Chandra K. Karmi (23 yrs)

S/o Sri Gopal Karmi

of Samding Pipalee W/No 3

Subitar, PS Naya Bazar, West Sikkim.

5. DESCRIPTION OF SEIZED ARTICLES :

One Scanning Copy of Driving Licence having D/L NO
WB73 2019 0079172 in respect of Ruben Rai S/o Suren
Rai issued on 20.11.2019 by Issuing Authority L.A.
Sikpur.

6. SIGNATURE OF WITNESS

(I) Suren Rai

(II) Chandra K. Karmi

SEIZED BY ME

22.01.2024
(Asi Samir Lepcha)

Ruben Rai

SEIZURE LIST

PR No 80/24



Kalungpong PS case NO 09/24 dtd. 20.01.2024
u/s 279/337/338 IPC adding Sec 304 A IPC.

1. DATE & TIME OF SEIZURE : on 08.04.2024 in between 12.30 hrs to 12.40 hrs.
2. PLACE OF SEIZURE : At Melli O.P.
3. FROM WHOM SEIZED : Produced by Dil Kumar Kami
S/O Late Ganga Ram Kami of
Sribadam PS Kaluk, Soreng
4. NAME OF WITNESS :
(I) Ghana Shyam Kami West Sukkim,
S/O Late Ganga Ram Kami
(II) Of Sribadam PS Kaluk
Soreng, West Sukkim
(III) C/435 Sumantra Mondal
of Melli O.P.
under PS Kalungpong.

5. DESCRIPTION OF SEIZED ARTICLES :

1. one original Driving License of driver bearing D/L No BR 01 2018D121541 in the name of Ruben Rai issued on 08.02.2018 and Validity (NT) 07.02.2038 & (TR) 13-05-2026, ~~bearing~~ issued by Licensing Authority DTO, Samastipur.
2. one original Temporary Permit vide Memo No 44/MVD/MCD dt 18/01/2024. Permit was valid from 18/01/24 to 24/01/24, permitted to vehicle No SK 02 D 0677 for carriage of the under mentioned items -

6. SIGNATURE OF WITNESS

(I) Ghana Shyam Kami

Sribadam to Siliguri, NJP
purpose for repairing of vehicle
only.

(II) C/435-Sumantra Mondal

08.04.2024

SEIZED BY ME
(AS) Samir Lepcha
Melli O.P. PS Kaluk



SEIZURE LIST

PR No 50/24

REF:-

Kalimpang PS case NO 09/24 dt 20.01.2024
W/S 279/337/338 IPC Adding Sec. 304 A IPC.

1. DATE & TIME OF SEIZURE : on 08.03.2024 at 14.15 hrs.

2. PLACE OF SEIZURE : Meli OP

3. FROM WHOM SEIZED : Being produced by vehicle owner Sri

4. NAME OF WITNESS :

(I) Ghana Shyam Kani
S/O Ganga Ram Kani
of Seibadam PS Kaluk
Soreng, Sikkim

Dil Kumar Kani S/O Ganga
Ram Kani of 85/Seibadam
PS Kaluk Gyalshing Dist Soreng
West Sikkim.

(II) Sri Indra Tamang
of Meli OP
PS Kalimpang

5. DESCRIPTION OF SEIZED ARTICLES :

1. One original certificate of Registration having Registration
No SK 02D 0677 Date of Regn. 27.05.2016, Chassis NO MAT 37
3352 428 03509 Engine NO 697 TC 69 BTX 101929 Owner
name Dil Kumar Kani vehicle class Goods Carrier (HGV)
Issued by Registration Authority Motor Vehicle Dept.
Gyalshing West Sikkim.

2. Authorisation letter

3. One original permit form - SKV - 47 Goods Carrier
permit having No 10 / MV dt 15/02/2024, issued by
Registration Authority Motor Vehicle Dept. Gyalshing
West Sikkim.

6. SIGNATURE OF WITNESS

(I) Ghana Shyam Kani

(II) Indra Tamang



08.03.2024

SEIZED BY ME

(As) Samir Lepcha
Meli OP, PS KPG.

SEIZURE LIST

REF :- Kalimpang PS Case NO 09/24 dt 20.01.2024 u/s 279/337/338 IPC PR NO 17/24

1. DATE & TIME OF SEIZURE : On 20.01.2024 at 20.05 hrs.

2. PLACE OF SEIZURE : At Melli O.P.

3. FROM WHOM SEIZED :

4. NAME OF WITNESS :

- (I) Gopi Krishna Dasgupta @ (33 yrs) S/o Late Ganga Ram Kamri
Gopi Das
S/o Late Birsha Bds Dasgupta of Surbadaam PS Kaluk Dist
(II) of Surbadaam PS Kaluk Soseng West Sikkim.
Soseng Sikkim (M/No 9733235719)

- (III) Diwash Kamri (23)
S/o Late Nas Bds Kamri
of Sawali Gaon
PS Naya Bazar
Dist. Soseng (Sikkim) M/No 8436106709

5. DESCRIPTION OF SEIZED ARTICLES :

1. One Photocopy of Registration Certificate of vehicle bearing No SK 02 D 0677 in respect of Dil Kumar Kamri having Engine No 697TC 69 BTY 101929 Chassis No MAT3F335 242B 03509

2. One Photocopy of Certificate of Insurance having Policy No 3379/0345 3030/000100 (VIN 1RDAN 123R P0003V 03100001) in S/O SK 02 D 0677 ~~owned~~ by Chola MSC General Insurance Company Ltd, Kolkata Branch - Chhabitalam Towers, 3rd floor, 6A Middleton Street, Shreegauri Sahani SO Kolkata West Bengal, Period of insurance from 14.03.2023 10.00 hrs to mid night on 13.03.2024.

6. SIGNATURE OF WITNESS

(I)  (Gopi Krishna Dasgupta)

(II) Diwash Kamri

SEIZED BY ME


(ASi Samir Lepcha)

SEIZURE LIST

REF:-

Kalimpang PS Case No 09/2024 dt 20.01.2024 u/s 279/337/338 IPC

PR NO 19/24

1. DATE & TIME OF SEIZURE : On 22.01.2024 in between 17.05 hrs to 17.10 hrs.
2. PLACE OF SEIZURE : At Melhi OP
3. FROM WHOM SEIZED : from Ruben Rai (1944) s/o Suren Rai of Lower Goom, PS Kitam, Belboley, Dist Namchi South Sikkim
4. NAME OF WITNESS :
- (I) Suren Rai 42 yrs
s/o Late Lal Bahar Rai
of Lower Goom, Belboley
PS Kitam Dist Namchi
South Sikkim (9339641075)
- (II) Chandera K. Karmi (23 yrs)
s/o Sri Gopal Karmi
of Samtsing Ripaley W/No 3
Subitar, PS Naga Bazar, West Sikkim.
5. DESCRIPTION OF SEIZED ARTICLES :

One Scanning Copy of Driving License having D/L NO WB-73 2019 0079172 in respect of Ruben Rai s/o Suren Rai issued on 20.11.2019 by Issuing Authority L.A. Sukhori.

6. SIGNATURE OF WITNESS

(I) Suren Rai.

(II) Chandera K. Karmi

SEIZED BY ME

22.01.2024
(Asi Samus Lepcha)

RUBEN RAI

SEIZURE LIST

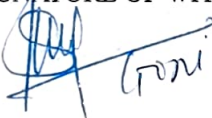
DRN018/24

REF :- Kalimpang PS Case No 09/24 dt 20.01.2024 u/s
279/337/338 IPC.

1. DATE & TIME OF SEIZURE : On 22.01.2024 in between 15.35 hr to 15.45 hrs.
2. PLACE OF SEIZURE : NH-10 near Kurney.
3. FROM WHOM SEIZED : from owner of vehicle - Dil Kumar Kami (33 yrs) S/o Lali Ganga Ram Kami of Sunbadlam PS Kaluk Dist Soseung West Sikkim.
4. NAME OF WITNESS :
(I) Gopi Krishna Dargye @ Gopi Das (49 yrs) S/o Late Birkha Bdr Dargye of Sunbadlam Dist Soseung Sikkim (M/N099332357/9)
(II) Diwash Kami (23) S/o Late Nar Bdr Kami of Sawali Gaon PS Naya Bazar Dist Soseung Sikkim (M/N08436106709)
5. DESCRIPTION OF SEIZED ARTICLES :


1. one white colour Tata 1613 Truck having Registration NO SK02D0877 in the condition of front both wheels missing, whole cabin portion damaged and truck side body of truck damaged.
2. Three (03) Yellow colour of Cement bags with torn and washed by river water, names & style as Ambuja Cement Net Quantity 50kg.

6. SIGNATURE OF WITNESS

(I)  Gopi Krishna Dargye

(II) Diwash Kami

SEIZED BY ME


22.01.2024
(AS) Samir Lepcha