FORM 54 [See Rule 159 (a) and (2) Accident Information Report

1) Name of the Police Station: Lava Police Station.

CR No. / Traffic Accident Report: Lava PS Case no: 07 /24, DT: 28/04/2024, U/S 279/337/338 IPC.

- 2) Date, time and place of accident: on 28/04/2024 at around 13:00 hrs
- **3)** Name and full address of the injured / deceased: (1) Abhrajyoti Gosh S/O Apurba Kr. Gosh of Chakir Dokan (East) Newtown Cooch Behar (2) Shrita Gosh (30yrs.) W/O Abhrajyoti Goshof Chakir Dokan (East) Newtown Cooch Behar and (3) Piyashi Chakraborty (32 yrs.) W/O Subashish Acharya of Coochbehar Rabindra Nagar.
- **4)** Name of the Hospital he/she was moved: Kalmpong District Hospital.
- 5) Registration Number of vehicle and the type of the vehicle: WB-64-R-5207.
- **6) Driving Licence particulars:** Driver of the offending vehicle Subashish Acharya (37yrs.) S/O Ashok Acharya of Coochbehar Rabindra Nagar.
- 7) Driving Licence number and date of expiry: WB-63/0004657/2024 (Learner Licence).
- 8) Address of the issuing authority: RTO Cooch Behar.
 - (a) Badge No in case of public service vehicle: N/A
- **9)** Name and address of the owner of the vehicle at the time of the accident: Sanjay Barma Sarkar S/O Lt. Sunil Kumar of ward no.12, Cooch Behar.
- 10) Name and address of the Insurance Company with whom the vehicle was insured and the particulars of the Divisional Officer of the said insurance company: ICICI Lombard.
- 11) Number of the Insurance Policy/Insurance Certificate and the date of validity of the Insurance Policy/Isurance Certificate: 3001/161492967/05/000 valid upto 12/01/2025
- 12) Registration particulars of the vehicle (class of vehicle): WB-64-R-5207 (WAGONR)
 - (a) Registration no: WB-64-R-5207.
 - **(b) Engine no:** K10BN4944474.
 - (c) Chassis no: MA3EWDE1SOOD34904
- 13) Route Permit particulars:
- **14) Action Taken, if any, and the result thereof :** Lava PS Case no: 07 /24, DT: 28/04/2024, U/S 279/337/338 IPC.

| West | Rown | al F | orm | No | 27 |
|-------|-------|-------|------|-----|----|
| AAGPE | South | lai L | Offi | NO. | 21 |

FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

2807

| 10 | 7 | 10 |
|----|---|----|
| 1 | 1 | 0 |
| | 1 | |
| | U | |

| Des Kalempring P.S | Laua Yes | 2024 FIR No. 07/20 | 24 Date 28 04 2024 |
|---|-------------------------------|------------------------------------|---------------------------------------|
| i) Ag So | ections 279/337/339 | ii) Act | Sections |
| | actions | (iv) Others Acts & Sections | |
| (a) Occurrence of Offence : Day | Sunday Date From | 28 04 2024 Date 7 | · · · · · · · · · · · · · · · · · · · |
| Time Berind | Time From | LONG 13:00 Ms. Time To | |
| (b) Information received at P.S. Date | 28/04/2024 | Time 17:3 | 5 Hrs. |
| (c) General Diary Reference : Entry | No(s) | Time 17:35 | нго. |
| Type of Information : | | Written / Oral | |
| Place of Occurrence : (a) Direction | on and Distance from P.S | PPION 4 KM HALF Be | at No |
| | | "the 6th Mile, R | (8) (9) (10) (10) (10) (10) (10) |
| 8út - Kalmupin | | | |
| (e) In case outside limit of this Police | | | |
| Name of the P.S | | District | |
| Complainant / Informant : | CHETTRI | | |
| (a) Name GANESH (b) Father's / Husband's Name | LATE JAY RAH | ADUR CHETTRI | |
| (b) Father's / Husband's Name (c) Date / Year of Birth : | | (d) Nationality Indus | |
| (c) Date / Year of Birth : | | | |
| | Date of issue | | |
| (f) Occupation (g) Address 16 th Mulu | , Lava Roid , | Ps-lava, 84t-Kal | mpng |
| Details of known / suspected / unknown | own accused with full particu | lars | |
| (Attach separate sheet, if necessary) | the second second | De 1/0 1/104 | 40 5207 |
| 2 OTING | of vulue our | ing Ry. No-WBE | 4 K 2564 |
| | | | |
| | | | |
| Reasons for delay in reporting by the | : Complainant / Information | 3 | |
| *************************************** | | | |
| | | | |
| Particulars of properties stolen / invo | lved (Attach separate sheet, | if necessary): NA. | |
| | | | |
| Total value of properties stolen / invo | N/A | | |
| | | | |
| Inquest Report / U.D. Case No., if an | у Л | | |
| FIR Contents (Attach separate sheets | , if required): INV NV | ame where ampu | My suprisual out all |
| The state of the same | complimi | MY IS WITHTHE . MINIMUM | " I suprovince summers. |
| Action taken : Since the above report | | ce(s) as mentioned at item No. 2., | registered the case and took up the |
| investigation / directed | to Sonyay Chi | etti of lava PS | to take up |
| investigation / refused investigation | 00 | | |
| jurisdiction. FIR read over to the Com | plaint/Informant, admitted to | be correctlyrecorded and a | copy given to the Complainant / |
| Informant free of cost. | | | 111 |
| on the mignish | | | Asaths. |
| wither complaint. | | 1 0 | St. M. |
| 14.Signature / Thumb impression | | Signature of the Office | r-In-Charge, Police Station |
| of the Complainant / Informant | | Name PRATI | R SUBRA |
| 15.Date & Time of despatch to the c | oun: | Rank No W Jone | Rin- Gherre |
| | | Laga | Police Station |
| | | Dist | UCT Peritorial |

स्वामा,

न्याना प्रभावी MIHI अलंगाड़), कालिम्पीड़।

विषय :- एफ अाई . आर .

मासाहाथ,

म अनेश हेती पिता स्व अय वहादुर हैती, ६ मायल लाभा कोड़, रजूर समक यो मुचित डाई ह, कि आप दिनाइ 28-04-2024 लगाभग 1 pm. विर म रिश्प वाट फर्कन्दा लामाभा १ k है मायल देखी 1 km मालि रिराप रीडमा एउटा गाडी जसकी रेजिस्टेसन

न NB 64 R 5207 दुर्धटना अपकी हेरते अनि to 4508/10/85 03 Cm 55 hrs with Line DOE NO - 797 KNO की गाड़ी वादी देखी उठ फिट लल स्वसेकी Durts and 451 १४/ १११ पार ११/ व्ययो । त्यहाँ उपस्थित मानिसहरत्वार या जानकारी 100 to Asi Bayley पार कि भी आड़ीमा ड्राइभर ममेल अन्य मामा कार्य अनि सी दुरधतना झाइभरकी

अस्पादिक र पतार जानि लापर महीकी कारण भारकी वाहा पायी। दुधवनामा द्वारभर महित

res Police Station of - 1 3 Mariens - alder miras anton

अक्ष प्रतास Kalimpong स्तानिय मानिसहर की साहायताले कारिकपांड़ अस्तपताल प्राह्मा। यस्ता लापरभाही नालक प्रति कानुनी कार्यवारी प्रारिष्टियाणम्ब अमकी कारण अव अमा बल अवणा करी हामा हत्त्रका विश्वासी

गरीय देशी

Ph-7318918728

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 | | 07/24 |
|--------|------------------|------------------|
| Date | | 28/04/2024 |
| Under | Section | 279/337/338 IPC. |
| Police | Station | Lava |
| 01 | Date of Accident | 28/04/2024 |

| 2. | Time of Accident | 13:00 hrs | | |
|----|--|---|--|--|
| 3. | Place of Accident | 6 th mile Rishop Road PS Lava Dist-Kalimpong | | |
| | | Driver/Owner | | |
| | | Victim Witness | | |
| | | Hospital | | |
| | Source of Information | Good Samaritan | | |
| | | Police | | |
| 4. | | Others (Specify) | | |
| | Name, mobile number & a | address of the Informant | | |
| | Name | Ganesh chettri | | |
| | Mobile No. | 7318918728 | | |
| | Address | 6 th Mile Lava, Road PS-Lava Dist: Kalimpong | | |
| | | InjuryFatal | | |
| | Nature of Accident | Damage/loss of property | | |
| 5. | | Any other loss/injury | | |
| | | | | |
| | Number Of Vehicles involved | 01 | | |
| | Whether Registration Number of the Offending Vehicle known | Yes No | | |
| | Whether offending Vehicleimpounded by the police | <mark>Yes</mark> No | | |

| | Whether the driver of the offending vehicle found onthe spot | <mark>Yes</mark> No | | | | |
|----------|--|---|-----------|--|--|--|
| | Number of Fatalities Number of Injured | 00 | | | | |
| | ŕ | | | | | |
| 6. | Details of the Hospital wh | ere victim(s) taken | | | | |
| | Hospital Name | Kalimpong Dist: Hospital | | | | |
| | Address | Kalimpong | | | | |
| | Doctor's Name | Not known | | | | |
| 7. | Availability of Conformal Availability of Co | Yes No | | | | |
| 8. | | er(s) and Insurance of the Vehicle(s) | | | | |
| | Details | Vehicle 1 (Offending vehicle) | Vehicle 2 | | | |
| | Vehicle Details | L | l | | | |
| | Vehicle Registration No. | WB-64-R-5207 | | | | |
| | Driver Details | Driver Details | | | | |
| | Name of theDriver | Subashish Acharya (37yrs.) S/O Ashok Acharya | | | | |
| | Address of Driver | Coochbehar Rabindra Nagar | | | | |
| | Mobile No. of Driver | 9933510079 | | | | |
| | Owner Details | | | | | |
| | Name of the Owner | Sanjay Barma Sarkar S/O | | | | |
| | Address of Owner | Lt. Sunil Kumar of ward no.12, Cooch Behar | | | | |
| | Mobile No. of Owner | N/A | | | | |
| ısurance | | | • | | | |
| | Insurance Policy No. | 3361/60266921/000/00 | | | | |
| | Period of Insurance Policy | 02/12/2022 TO 01/12/2023 | | | | |
| | Name of Insurance Company | Cholamandalam MS General insurance Company LTD. | | | | |
| | Addressof Insurance Company | | | | | |

| | Details of Victim(s) | | | | |
|------|---|----------------------------------|---|--|--|
| 9. | Name | Deceased /Injured | Address & Contact Details | | |
| i. | Abhrajyoti Gosh S/O Apurba Kr. Gosh | injured | Chakir Dokan (East) Newtown Cooch Behar | | |
| ii. | Shrita Gosh (30yrs.) W/O Abhrajyoti | Injured | Goshof Chakir Dokan (East) Newtown Cooch Behar | | |
| iii. | Piyashi Chakraborty (32 yrs.) W/O Subashish Acharya | Injured | Coochbehar Rabindra Nagar | | |
| iv. | | | | | |
| v. | | | | | |
| vi. | | | | | |
| 10. | Other Accident Details | | | | |
| i. | Reporting Date & Time | 22/09/2023 at 1335l | nrs | | |
| ii. | Landmark | NH10 ROAD | | | |
| | | Fatal | Fatal | | |
| | | Grievous Injury Sim | Grievous Injury Simple | | |
| | | Injury <mark>Hospitalized</mark> | Injury <mark>Hospitalized</mark> | | |
| iii. | Severity | Simple Injury Non | | | |
| | | Hospitalized | | | |
| | | No Injury | | | |
| iv. | Count of | No Injury Injured | Death | | |
| | Drivers | 01 | | | |
| | Passengers | 03 | | | |
| | Pedestrians | | | | |
| | Animal | | | | |
| v. | Collision Type | Vehicle to Vehicle | 1 | | |
| | J. J. J. T. | Vehicle to Pedestria | ın | | |
| | | Vehicle to Bicycle | | | |
| | | Vehicle to Tricycle | | | |
| | | Vehicle to Animal | | | |
| | | Driven CartVehicle | to Animal | | |
| | | S <mark>kidding</mark> | | | |

| | | Head on Collision Hit |
|-------|---------------------------------|--|
| | | Parked VehicleHit tree |
| | | |
| | | Hit Fixed/Stationary ObjectHit |
| | | from Back |
| vi. | Collision Nature | Hit from Side |
| | | Run off RoadOverturn |
| | | Skidding / Overturn Sideswipe |
| | | Vehicle Fell in Gorge/Ditch/WellVehicle |
| | | Fell in River |
| | | Non Provision of Parapets/Crash Barrier on Outer CurveLong |
| vii. | Initial Observation of accident | Distance Covered/Driver Restless |
| | scene | Fell Down From |
| | | VehicleIllegal Parking on Road Blind Bend / |
| | | Curve Alcohol abuse |
| | | Carrying people in loaded vehicle |
| | | Changing lane without care |
| | | Dangerous Overtaking |
| | | Distraction to Driver |
| | | Driving against flow of traffic |
| | | Drugs Abuse |
| | | High Speed Inattentive |
| | | Turn |
| | | Accident Due to road Condition |
| | | Accident Due to Weather ConditionAccident due to Heavy Traffic |
| | | Non-respect of rights of way rulesRed |
| | | Light jumping |
| | | Overloaded |
| | | Accident due to Vehicle Defect |
| | | Over speed while crossing Zebra crossing |
| | | Over speed while crossing speed breaker |
| | | Sunny / Smoke/ Dust |
| | | Strong Wind |
| | | ColdHot |
| | | Clear |
| | | Cloudy |
| viii. | Weather Condition | Light Rain |
| | | Heavy Rain |
| | | Flooding of Causeway / RivuletsHail/ |
| | | Sleet |
| | | Snow |
| | | |

| | | Institutional Zone |
|-------|--------------------|-----------------------------------|
| | | Open CommercialZone |
| | | School Zone |
| | | College Zone |
| | | Other Educational |
| | | Institutional Zone (Specify) |
| | | Govt. Institutional Zone |
| | | Hospital Zone |
| | | Industrial Zone |
| | | Harbour Zone |
| | | Less than 25 Meters25 |
| | | Meters |
| xi. | Visibility | 50 Meters |
| | | 75 Meters |
| | | 100 Meters and Above |
| | | Excess Passengers |
| | , 10 lbi (4) | Normally Loaded Empty |
| xii. | Load Condition (1) | Not Known |
| | | |
| | | Excess Goods |
| | | Goods Overheight |
| xiii. | Load Condition (2) | Goods Rear Overhanging Goods Side |
| | | OverhangingNormally Loaded |
| | | Empty |
| | | Not Known |
| | | |

| _ | Road Classification | Expressway National |
|------|---------------------|---|
| | | Highway State Highway |
| | | Major District RoadOther |
| | | District RoadVillage Road |
| | | |
| xiv. | | Arterial Road |
| XIV. | | Sub Arterial Road |
| | | Collector Road |
| | | Local Road |
| | | |
| | | |
| | Local Body | Composation Municipality |
| | Local Body | Corporation Municipality |
| XV. | | Panchayat |
| | | |
| | | Day Twilight |
| | Light Condition | Darkness with street lights on Darkness |
| ix. | | with poor street light Darkness-No street |
| | | light |
| X. | | Residential Zone |
| | 4 11 . 6 . | Market Zone |
| | Accident Spot | Ivial Ret Zone |
| | | |

| xvi.P.I.S./EMPLOYEE No.: | |
|--------------------------|--|
| - | |

S.H.O./I.O

Phone No.: 9679015884

P.S.: LAVA

Date :30.04.2024

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