

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

- 1. Name of the Police Station:** Reang PS
- 2. CR. No. /Traffic Accident Report:** Reang PS Case No 12/24 Dt: 03.05.24 U/S 279/337/427  
IPC
- 3. Date, Time and Place of the accident:** 03.05.24 at 19:10 hrs at Near Birik Dara , NH 10 PS:  
Reang , Dist- Kalimpong
- 4. Name and full address of the injured / deceased:** Sudarshan Tamang S/O of Lt. Bhakta  
Kumar Tamang of Labdah Mongpoo Dist.- Darjeeling -A/P Arisha Road, PS+ Dist-  
Kalimpong.
- 5. Name of the hospital to which he/she was removed:** Mukta Nurshing Home, Medical  
More Sarada Pally, Shiv Mandir, Siliguri.
- 6. Registration Number of vehicle and the type of the vehicle:** golden coloured Santro  
vehicle bearing Regn. No- SK 01 PC 1014 and bike bearing Reg No-WB 79A 0865
- 7. Driving License particulars:** not provided
- 8. Name and address of the owner of the vehicle:-** not provided
- 9. Name and address of the Insurance Company with whom the vehicle was insured and  
the particulars of the Divisional Officer of the said insurance company:** not provided
- 10. Policy / Insurance Certificate and the date of validity of the Insurance Policy/Insurance  
Certificate Policy No.** not provided
- 11. Registration particulars of the vehicle (Class of vehicles):** not provided
- 12. Permit Particulars:** not provided
- 13. Action taken if any, and the result there of:** N/A

Sd/-  
ASI Sekhar Naik  
Reang PS, Kalimpong

**FORM-I**

**FIRST ACCIDENT REPORT (FAR)**

By Investigating Officer to Claims Tribunal

Within 48 hours of the receipt of intimation of the Accident

Copy to Victim(s), Insurance Company and State Legal Services Authority (SLSA)

<b>FIR No.</b>	12/24
<b>Date</b>	03.05.2024
<b>Under Section</b>	279/338/427 IPC
<b>Police Station</b>	Reang

<b>1.</b>	<b>Date of Accident</b>	03.05.2024
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2.	Time of Accident	15:10	
3.	Place of Accident	NOCM Bicki Dara, NH 10	
4.	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police Others (Specify)	
	Name, mobile number & address of the Informant		
	Name	Sudarshan Tamang	
	Mobile No	6294233585	
	Address	No	
5.	Nature of Accident	Injury <input checked="" type="checkbox"/> Fatal Damage/loss of property Any other loss/injury	
	Number of Vehicles involved		
	Whether Registration Number of the Offending Vehicle known	Yes <input checked="" type="checkbox"/>	No
	Whether offending Vehicle impounded by the police	Yes	No <input checked="" type="checkbox"/>
	Whether the driver of the offending vehicle found on the spot	Yes	No <input checked="" type="checkbox"/>
	Number of Fatalities	N/A	
	Number of Injured	1	
6.	Details of the Hospital where victim(s) taken		
	Hospital Name	Mekta Nursing Home	
	Address	Shiv Manalik, Siliguri	
	Doctor's Name	Smit Parua	
7.	Availability of CCTV Footage	Yes	No <input checked="" type="checkbox"/>
	If yes, CCTV Footage be preserved and be filed with DAR		
8.	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)		
	Details	Vehicle 1 (Offending vehicle)	Vehicle 2
	Vehicle Details		
	Vehicle Registration No.	SK 01 PC 1024	
	Driver Details		
	Name of the Driver		
	Address of Driver		
	Mobile No. of Driver		
	Owner Details		
	Name of the Owner		
Address of Owner			
Mobile No. of Owner			
Insurance Details			

Insurance Policy No.			
Period of Insurance Policy			
Name of Insurance Company			
Address of Insurance Company			
9.	<b>Details of Victim(s)</b>		
	Name	Decedent / Injured	
			Address & Contact Details
	i. Sudarshan	Injured	Lalidah Mangpoo
	ii. Temang		Airt - Bagjoeeling
	iii.		AIR - Arisha Road
iv.		PST Dist - Kalimpong	
v.		ph - 62942 33585	
vi.			
<b>10. Other Accident Details</b>			
i.	Reporting Date & Time		
ii.	Landmark		
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	<input checked="" type="checkbox"/> Vehicle to Vehicle <input type="checkbox"/> Vehicle to Pedestrian <input type="checkbox"/> Vehicle to Bicycle <input type="checkbox"/> Vehicle to Tricycle <input type="checkbox"/> Vehicle to Animal Driven Cart <input type="checkbox"/> Vehicle to Animal <input type="checkbox"/> Skidding	
vi.	Collision Nature	<input type="checkbox"/> Head on Collision <input type="checkbox"/> Hit Parked Vehicle <input type="checkbox"/> Hit tree <input type="checkbox"/> Hit Fixed/Stationary Object <input checked="" type="checkbox"/> Hit from Back <input type="checkbox"/> Hit from Side <input type="checkbox"/> Run off Road <input type="checkbox"/> Overturn <input type="checkbox"/> Skidding /Overturn <input type="checkbox"/> Sideswipe <input type="checkbox"/> Vehicle Fell in Gorge/Ditch/Well <input type="checkbox"/> Vehicle Fell in River	

vii.	Initial Observation of accident scene	<input type="checkbox"/> Non Provision of Parapets/Crash Barrier on Outer Curve <input type="checkbox"/> Long Distance Covered/Driver Restless
		<input type="checkbox"/> Fell Down From Vehicle <input type="checkbox"/> Illegal Parking on Road <input type="checkbox"/> Blind Bend / Curve <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Carrying people in loaded vehicle <input type="checkbox"/> Changing lane without care <input type="checkbox"/> Dangerous Overtaking <input type="checkbox"/> Distraction to Driver <input type="checkbox"/> Driving against flow of traffic <input type="checkbox"/> Drugs Abuse <input checked="" type="checkbox"/> High Speed <input type="checkbox"/> Inattentive Turn <input type="checkbox"/> Accident Due to road Condition <input type="checkbox"/> Accident Due to Weather Condition <input type="checkbox"/> Accident due to Heavy Traffic <input type="checkbox"/> Non-respect of rights of way rules <input type="checkbox"/> Red Light jumping <input type="checkbox"/> Overloaded <input type="checkbox"/> Accident due to Vehicle Defect <input type="checkbox"/> Over speed while crossing Zebra crossing <input type="checkbox"/> Over speed while crossing speed breaker
viii.	Weather Condition	<input checked="" type="checkbox"/> Sunny / Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Flooding of Causeway / Rivulets <input type="checkbox"/> Hail/ Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Smoke/ Dust <input type="checkbox"/> Strong Wind <input type="checkbox"/> Cold <input type="checkbox"/> Hot
ix.	Light Condition	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Twilight <input type="checkbox"/> Darkness with street lights on <input type="checkbox"/> Darkness with poor street light <input type="checkbox"/> Darkness-No street light
x.	Accident Spot	<input type="checkbox"/> Residential Zone <input type="checkbox"/> Market Zone

		Institutional Zone Open Commercial Zone School Zone College Zone Other Educational Institutional Zone (Specify) Govt. Institutional Zone Hospital Zone Industrial Zone Harbour Zone
xi.	Visibility	Less than 25 Meters <input checked="" type="checkbox"/> 25 Meters 50 Meters 75 Meters 100 Meters and Above
xii.	Load Condition (1)	Excess Passengers <input checked="" type="checkbox"/> Normally Loaded Empty Not Known
xiii.	Load Condition (2)	Excess Goods Goods Overheight Goods Rear Overhanging Goods Side Overhanging <input checked="" type="checkbox"/> Normally Loaded Empty Not Known
xiv.	Road Classification	Expressway <input checked="" type="checkbox"/> National Highway State Highway Major District Road Other District Road Village Road Arterial Road Sub Arterial Road Collector Road Local Road
xv.	Local Body	Corporation Municipality <input checked="" type="checkbox"/> Panchayat

xvi. P.I.S./EMPLOYEE No. : 2007006044

ASI 91 Sekhar Naik

S.H.O./I.O

Phone No. : 8637802911

P.S. : Rang

Date : 03/05/24

Documents to be attached:

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



# FIRST INFORMATION REPORT

(Under Section 154 Cr. P.C.)

P.S. Reang Year 2021 FIR No. 12/24 Date 7362 03-05-2021

Sections ..... (ii) Act ..... Sections 279/337/427 IPC

(iii) Sections ..... (iv) Others Acts & Sections .....

(a) Occurrence of Offence : Day Friday Date From 03-05-2021 Date To .....

Time Period 13:00 hrs Time From ..... Time To .....

(b) Information received at P.S. Date 03-05-2021 Time 19:10 hrs

(c) General Diary Reference : Entry No(s) 95 Time 19:10 hrs

Type of Information : Written Written / Oral

Place of Occurrence : (a) Direction and Distance from P.S. .... Beat No. ....

(d) Address Near Pokrik Dava, NH-10, P.S Reang  
Dist. Kalimpong

(e) In case outside limit of this Police Station, then the  
Name of the P.S. .... District .....

### Complainant / Informant :

(a) Name Sudanshan Tamang

(b) Father's / Husband's Name late Bhakta Kumar Tamang

(c) Date / Year of Birth : ..... (d) Nationality .....

(e) Passport No. .... Date of Issue : ..... Place of Issue .....

(f) Occupation .....

(g) Address Laldah, Mungpoo P. S Rangji Rangkt, Dist. Darjeeling, A.P. Asha  
Road, P.S & Dist. Kalimpong

Details of known / suspected / unknown accused with full particulars

(Attach separate sheet, if necessary) :  
- Unknown -

Reasons for delay in reporting by the Complainant / Information

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

One Golden Coloured Santro vehicle bearing  
Regn. No - SK01-PC-1014.

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 which  
is treated as FIR is reproduced  
overleaf.

Action taken : Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took charge  
investigation / directed. ASI Sekhar Haik 03.05.2021  
Officer in Charge  
Reang Police Station

investigation / ~~refused investigation~~ / transferred to P.S. .... District Kalimpong  
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 Note in FIR Signature of Officer in Charge  
of the Complainant / Informant Reang Police Station  
Dist. Kalimpong

15. Date & Time of despatch to the court : On 04-05-2021  
at 10:05 hrs. Rank : No. SI of Police



TO,  
THE OFFICER-IN-CHARGE,  
REANG POLICE STATION,  
RAMBI, DISTRICT: KALIMPONG, 734301

Dated: 03.05.24

Sub: Complaint against driver of the vehicle bearing registered no. SK01-PC-1014 for rash driving and causing injury.

Respected Sir,

I, Sudarshan Tamang, s/o Lt. Bhakta Kumar Tamang, permanent resident of Labdah Mungpoo Darjeeling and presently residing at Atisha Road, P.o. P.s & District Kalimpong would like to lodge a complaint against the driver of the vehicle bearing registered no. SK01-PC-1014 for rash driving and causing injury.

That today while I was on my way to Siliguri, at around 1 PM, one golden color santro vehicle bearing registered no. SK01-PC-1014, hit my bike bearing registered no. WB 79A 0865 from behind while trying to overtake me near Birik Dara, NH10, as a result I sustained injury but he fled away. The said vehicle was in a very high speed. Then my friend Dipen Pradhan chased him and succeeded to stop him but the driver was drunk and when asked he did not show any remorse rather he was adamant that it was not his fault and even started abusing us with foul languages and tried to assault us. While checking it online I came to know that the said vehicle is registered in the name of one Priya Bhujel, resident of Rehnock ICDS, whose registered mobile no. is 7583994450 but the phone is currently off.

Therefore, I would like to pray before you to take necessary action against the driver/owner of the above mentioned vehicle and punish him as per the law.

Thanking You,

Yours Sincerely,

Sudarshan Tamang

[Sudarshan Tamang]

6294233585

Received on 03/05/2024 at  
19:10 hrs vide Reang P.S G.P.E  
No. 95/24 DT-03/05/2024 and  
Noted Reang P.S Case No. 12/24  
DT-03/05/2024 u/s 279/337/427  
IPC.

*[Signature]*  
03/05/2024  
Officer - In - Charge  
Reang Police Station  
District Kalimpong