

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

- 1) Name of the Police Station:** Lava Police Station
- 2) CR No./ Traffic Accident Report:** Lava PS Case No 30/24 dated 23.10.2024 u/s 281/125(b) BNS
- 3) Date, time and place of accident:** On 21.10.2024 at about 19:00 hrs at Lava Bazar PS- Lava Dist: Kalimpong
- 4) Name and full address of the injured / deceased:** 1.) Jay Prakash Thakur S/O Lt. Dharam Nath Thakur of Lava Bazar PS- lava Dist: Kalimpong
- 5) Name of the Hospital he/she was moved:** Kalimpong District Hospital.
- 6) Registration Number of vehicle and the type of the vehicle:** WB-70-Q-8728 (Swift)
Driving Licence particulars: Dishant Oraon S/O Bishu Oraon of Hatkhola Line Atiabari Tea Garden Kalchini, Alipurduar.
 - (a) Driving Licence number and date of expiry:** WB6920210004459 valid upto 07.12.2035
 - (b) Address of the issuing authority:** RTO Alipurduar
 - (c) Badge No in case of public service vehicle:** N/A
- 7) Name and address of the owner of the vehicle at the time of the accident:** Bidyut Xalxo S/O Ganpati Xalxo of Mahadeo Line, Mathura Tea Bagan Alipurduar-736204
- 8) 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:** The New India Assurance Company Ltd.
- 9) Number of the Insurance Policy/ Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificate:** 98000031210911246554 valid till 28/02/2025
- 10) Registration particulars of the vehicle (class of vehicle):** Swift
 - (a) Registration no:** WB-70-Q-8728
 - (b) Engine no:** K12NP1179815 **Chassis no:** MBHCZCB3SNA948500
- 11) Route Permit particulars:** N/A
- 12) Action Taken, if any, and the result thereof:** Lava PS Case No 30/24 dated 23.10.2024 u/s 281/125(b) BNS.



Accused details

Ref: Lava PS case no.30/24 Dtd.23.10.2024 U/S 281/125(b) BNS.

- (1) Driver of the offending vehicle namely Dishant Oraon S/O Bishu Oraon of Hatkhola Line Atiabari Tea Garden Kalchini, Alipurduar.

Anu 23/10/2024
Officer In Charge
Lava PS, Kalimpong.
Dt.23.10.24.

Officer - In - Charge
Lava Police Station
District Kalimpong

110



West Bengal Form No.

Annexure D

FIRST INFORMATION REPORT

415

(First Information of a cognizable crime reported under section 173 B.N.S.S.)

- (i) Dist. Kalimpong (ii) Sub-Divn. Kalimpong (iii) PS. Lava
(iv) Year 2024 (v) FIR no. 30/24 (vi) Date 23/10/2024
- (i) Act. B.N.S. Sections. 281/125(b) (ii) Act. _____ Sections _____
(ii) Other Acts and Sections _____
- (a) General Diary Reference : Entry no. 716 Time 16:05 hrs.
(b) Occurrence of Offence: Day Monday Date 21/10/2024 Time _____
(c) Information Received Date 23/10/2024 Time 19:00 hrs.
G.D No. _____ at the Police Station.
- Type of Information : Written/ Oral/ Electronic communication
- If registered after Preliminary Enquiry, reference no. of such enquiry: _____
- Place of occurrence: (a) Direction and distance from P.S. South - ECU - SL No. 16 18 kms approx
(b) Address Lava Bazaar, P.S. LAVA, Dist. - Kalimpong
- (c) In case outside limit of this Police Station, then the name of P.S. N/A
District _____
- Complainant/Informant:
(a) Name ASI (UB) Sh. Phatik Chandra Barman of Lava Camp under
(b) Father's/Husband's name Lava P.S.
(c) Date/Year of Birth _____
(d) Nationality Indian
(e) Address _____
(f) Mobile no. 8159030436
(g) UID no./Any other ID no. 3572 4901 7796
(h) E-mail id. _____
- Details of known/suspected/unknown/accused with full particulars (attach separate sheet, if necessary)
- Reasons for delay in reporting by the Complainant/Informant AS LAC complainant was engaged in various LD duties.
- Particulars of properties stolen/involved. (Attach separate sheet, if necessary): N/A
- Total value of properties stolen/involved: N/A
- Inquest report/ U.D Case no. if any: N/A
- FIR contents: (Attach separate sheets, if required): The original written complaint which is treated as FIR is enclosed herewith/ reproduced as below
- Action taken: Since the above report reveals commission of offence(s) u/s 281/125(b) B.N.S. Officer-in-Charge Lava Police Station District Kalimpong

Registered the case and took up investigation or directed Asst. Ram Krishna Das to take up the investigation OR transferred to P.S. _____ on point of jurisdiction OR refused to investigate (assign reasons)

The FIR was read over to the complainant/informant and was admitted to be correctly recorded and a copy given to the complainant/informant free of cost.

Signature /Thumb Impression of the Complainant/Informant

Signature of the Officer-in-Charge, Police Station

Name: MANISHA Lama
Rank: SI OF POLICE (UB)
Number If any: WBP
Officer-in-Charge
Lava Police Station
District Kalimpong

To,
The Officer in Charge
Lava Police station
Algarah, Kalimpong

Sub: FIR.

Respected Madam,

I ASI(UB)/84-Phatik Chandra Barman presently posted at Lava Police Camp in Charge and additional charge of O/C Highway (NH-717A) do hereby lodge a written complaint to the effect that on 21.10.2024 at around 19:00 hrs. when I was on duty at Lava Bazar one vehicle bearing no.WB-70-Q -8728 (Red Colour Swift) hit one pedestrian namely Jay Prakash Thakur of Lava Bazar and he received injuries and also damaged the following parked vehicles bearing Regd. No. WB-79-A1568 (WAGONO R), WB-70-R-9295 (Alto) and WB-79-5056 (Scooty). The injured person Jay Prakash Thakur has been taken to Kalimpong District hospital for treatment. After the incident when I verified about the driver of the offending vehicle, he gave his identity as Dishant Oraon S/O Bishu Oraon of Hatkhola Line Atiabari Tea Garden Kalchini, Alipurduar. As I was engaged in various law and order duties I could not lodge FIR on the same date.

Hence, a case may kindly be started against him and arrange for its investigation.

Yours faithfully,

ASI Phatik Ch Barman

ASI(UB)/84-Phatik Ch. Barman
Lava Police Camp under Lava PS.
Dt.23.10.2024

Received on 23/10/2024

vide Lava Ps GOC No. 716

Dated 21/10/2024 and stated

Lava Ps GOC No. 30/24 dated

23/10/2024 u/s 281/125(b) BHS and

Endorsed to ASI Ram Krishna Das of
Lava Ps for its investigation.

Am

23/10/2024 Officer - In - Charge
Lava Police Station

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.	30/24
Date	23.10.2024
Under Section	281/125(b) BNS
Police Station	Lava PS

1.	Date of Accident	21.01.2024
2.	Time of Accident	19:00 hrs
	Place of Accident	Lava Bazar PS- Lava, Dist: Kalimpong
4	Source of Information	Driver/Owner Victim Witness Hospital Good Samaritan Police Others (Specify)
	Name, mobile number & address of the Informant	
	Name	ASI(UB)/84-Phatik Chandra Barman
	Mobile No.	8159030436
	Address	Lava Police camp under lava PS
5	Nature of Accident	Injury Fatal Damage/loss of property Any other loss/injury
	Number involved of Vehicles	04
	Whether Registration Number of the Offending Vehicle known	Yes No
	Whether offending Vehicle impounded by the police	Yes No
	Whether the driver of the offending vehicle found on the spot	Yes No
	Number of Fatalities	NIL
	Number of Injured	01
6	Details of the Hospital where victim(s) taken	
	Hospital Name	Kalimpong District Hospital
	Address	Kalimpong
	Doctor's Name	Not known
7	Availability of CCTV Footage If yes, CCTV Footage be preserved and be filed with DAR	Yes No
8	Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)	
	Details	Vehicle 1 (Offending vehicle)
	Vehicle Details	
	Vehicle Registration No.	WB-70-Q -8728
	Driver Details	
	Name of the Driver	Dishant Oraon S/O Bishu Oraon
	Address of Driver	Hatkholra Line Atiabari Tea Garden Kalchini, Alipurduar.
	Mobile No. of Driver	NA
	Owner Details	
	Name of the Owner	Bidyut Xalxo S/O Ganpati Xalxo
	Address of Owner	of Mahadeo Line, Mathura Tea Bagan Alipurduar-736204
	Mobile No. of Owner	707932424
	Insurance Details	

InsurancePolicyNo.	98000031210911246554
PeriodofInsurancePolicy	valid till 28/02/2025
Name of InsuranceCompany	The New India Assurance Company Ltd.
Address ofInsuranceCompany	

9	DetailsofVictim(s)		
	Name	Deceased/Injured	Address&ContactDetails
i	Jay Prakash Thakur S/O lt. Dharam Nath Thakur	Injured	Lava Bazar PS- lava Dist: Kalimpong 8670131319
10.	OtherAccidentDetails		
i.	ReportingDate&Time	23/10/2024 at 16:05 hrs.	
ii.	Landmark	Lava Bazar Near Manjushri Hotel	
iii.	Severity	Fatal Grievous Injury Simple InjuryHospitalized SimpleInjury Non-Hospitalized NoInjury	
iv.	Countof	Injured	Death
	Drivers	NIL	NIL
	Passengers	NIL	NIL
	Pedestrians	01	NIL
	Animal	NIL	NIL
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi.	CollisionNature	Head on Collision Hit Parked Vehicle Hittree Hit Fixed/Stationary Object HitfromBack HitfromSide Runoff RoadOverturn Skidding /OverturnSideswipe VehicleFellin Gorge/Ditch/Well Vehicle Fell in River	
vii.	InitialObservationofaccidentscene	Non-ProvisionofParapets/CrashBarrieronOuterCurve LongDistance Covered/DriverRestless	
viii.		Fell Down from Vehicle Illegal Parking on Road Blind Bend / Curve Alcohol abuse Carrying people in loaded vehicle Changing Lane without care Dangerous Overtaking Distraction to Driver Driving against flow of traffic Drugs Abuse High Speed Inattentive Turn Accident Due to road Condition Accident Due to Weather Condition Accident due to Heavy Traffic Non-respect of rights of way rules Red Light jumping Overloaded Accident due to Vehicle Defect Over speed while crossing Zebra crossing Over speed while crossing speed breaker	
ix.	WeatherCondition	Sunny /ClearCloudy Light RainHeavyRain FloodingofCauseway/RivuletsHail/Sleet SnowSmoke/Dust Strong Wind Cold Hot	

		Light Foggy Night
x.	LightCondition	DayTwilight Darknesswithstreetlightson Darknesswithpoorstreetlight Darkness-No streetlight
xi	AccidentSpot	Institutional Zone Open CommercialZone School Zone CollegeZone OtherEducationalInstitutionalZone(Specify)Govt. InstitutionalZone Hospital ZoneIndustrial Zone HarborZone
xii.	Visibility	Lessthan25Meters 25 Meters 50Meters 75Meters 100MetersandAbove
xiii.	LoadCondition(1)	Excess Passengers Normally Loaded Empty NotKnown
xiv.	LoadCondition(2)	Excess Goods Goods Over height GoodsRearOverhanging GoodsSideOverhanging NormallyLoaded Empty NotKnown
xv.	RoadClassification	Expressway National Highway State Highway MajorDistrictRoad Other District Road VillageRoad ArterialRoad SubArterialRoad Collector Road LocalRoad
xvi.	LocalBody	Corporation Municipality Panchayat

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

S.H.O./I. O
PhoneNo.:9874287116
P.S.: LAVA
Date:25.10.2024

Documentstobeattached:

i. CopyofFIR

Images/Videostobeattached:

- i. MainRestingPlace ofVehicle
- ii. DamagetoVehicle
- iii. DamagetoProperty
- iv. ObstructionsofObjectsonRoad
- v. Junction/RoadType
- vi. RoadSurface
- vii. SkidMarks
- viii. Surroundings
- ix. Anyfeature whichmightcontribute totheaccident
- x. OtherImages
- xi. OtherVide

FORM-III**DRIVER FORM**

By Driver of the vehicle(s) to Investigating Officer Within thirty (30) days of the Accident
Copy to Victim(s) and Insurance Company

FIR No.	30/24
Date	23.10.2024
Under Section	281/125(b) BNS
Police Station	Lava PS

Driver Details		
1.	Name	DISHANT ORAON
	Father's Name	BISHU ORAON
	Mobile No.	..
	Address	HATKHOLA LINE ATIABARI TEA GARDEN KALCHINI, ALIPURDUAR.
2.	Age/Date of Birth	
3.	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4.	Educational Qualifications	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Senior Secondary <input type="checkbox"/> Certificate Higher Secondary <input type="checkbox"/> Certificate Graduate <input type="checkbox"/> Postgraduate Doctorate <input type="checkbox"/> Uneducated
5.	Occupation	<input type="checkbox"/> Private <input type="checkbox"/> Service Government <input type="checkbox"/> Job Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Self-Employed <input checked="" type="checkbox"/> Others
6.	Monthly Income	Rs. 10,000 (Approx.)
7.	Driving Licence	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner's <input type="checkbox"/> Juvenile <input type="checkbox"/> Without License <input type="checkbox"/> Others (Specify)
8.	Driving Licence No.	WB6920210004459
9.	Period of Validity of Licence	valid up to 07.12.2035
10.	Licensing Authority	RTO ALIPURDUAR
11.	Vehicle Registration No.	WB-70-Q-8728
12.	Vehicle Type	(SWIFT)

13.	OwnerDetails	
	Name	BIDYUT XALXO S/O GANPATI XALXO
	MobileNo.	
	Address	OF MAHADEO LINE, MATHURA TEA BAGAN ALIPURDUAR-736204
14.	INSURANCEDetails	
	PolicyNo.	98000031210911246554
	PeriodofPolicy	VALID TILL 28/02/2025
	NameofInsuranceCompany	THE NEW INDIA ASSURANCE COMPANY LTD.
15.	Otherdetails	
i.	NationalityofDriver	Indian Foreigner
ii.	OccupationofDriver	Advocate BusinessC lerkDocto rDriverEn gineerFar mer House KeeperLabou rerPolice OfficerPolitici anRetired OfficerStuden tUnemployed Vendor/SmallBusinessOwne rWorker Other
iii.	InjuryType	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not ApplicableShoulde rs InjuryAbdominal

iv.	CellPhoneDriving?	Yes No NotKnown
v.	Severity	Fatal GrievousInjury Simple Injury Hospitalized SimpleInjuryNon-Hospitalized No Injury
vi.	Seatbelt/Helmet	Yes No NotKnown
vii.	DrunkDriving	Yes No NotKnown
viii.	Mode ofTransport	108 AmbulanceNot Hospitalized BySelf Private AmbulancePrivat e Vehicle
ix.	Hospitalizationdelay	<30Minutes >30Minutes<1 Hour >1Hour >2 Hours >2 Hours NotHospitalized
x.	DrivingLicenseType	Known Unknown Without License LLR Not ApplicableJuvenile

Verification:

Verifiedat _____ onthis _____ dayof
_____ thatthecontentsoftheaboveFormare true to myknowledgeandthe
documentsattachedaretruecopiesoftheiroriginals.

Documentstobeattached:

- (i) ID/addressproof
- (ii) Driving Licence
- (iii) Insurance Policy

FORM-IV**OWNER'S/INSURED'S FORM**

By Owner of the vehicle(s) to Investigating Officer Within thirty (30) days of Accident Copy to the Victim(s) and Insurance Company

FIR No.	30/24
Date	23.10.2024
Under Section	281/125(b) BNS
Police Station	Lava PS

Vehicle Details	
Registration No.	WB-70-Q-8728
Colour	FIRE RED
Make	MARUTI SUZUKI
Model	SWIFT
Year of Manufacture	2022
Chassis No.	MBHCZCB3SNA948500
Engine No.	K12NP1179815
Registering Authority Name	RTO Alipurduar
Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Ricks Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart 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)

1.	Owner Details	
	Name In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988	BIDYUT XALXO
	Father's Name	GANPATI XALXO
	Mobile No.	7079302424
	Address	MAHADEO LINE, MATHURA TEA BAGAN ALIPURDUAR-736204
	Occupation	
3.	DRIVER DETAILS	
	Name	DISHANT ORAON
	Father's Name	BISHU ORAON
	Mobile No.	
	Address	HATKHOLA LINE ATIABARI TEA GARDEN KALCHINI, ALIPURDUAR.

	DrivingLicenceNo.	WB6920210004459
	PeriodofValidity	VALID UPTO 07.12.2035
	LicensingAuthority	RTO ALIPURDUAR
4.	InsuranceDetails	
	PolicyNo.	98000031210911246554
	PeriodofPolicy	valid till 28/02/2025
	NameofInsuranceCompany	THE NEW INDIA ASSURANCE COMPANY LTD
	AddressofInsuranceCompany	
	DetailsofpreviousInsurancePolicy	.
	Whetherthevehiclepreviouslyinvolvedinany MACTcase? Ifyes,givedetailsofFIRand MACT case.	NO
5.	Incaseofcommercial vehicle	
	Permitdetails	N/A
	Fitnessdetails	14.03.2037
6.	WhethertheownerreportedtheaccidenttotheI nsurance Company	Yes No
7.	Otherdetails	
i.	Load Category	Passengers Goods
ii.	Ageofvehicle	02 YEARS
iii.	VehicleDescription	TransportVehicle Non-transportVehicle
iv.	PollutionunderControlCertificateValidity	31.05.2024
v.	TaxDetails	01.03.2027
vi.	SeatCapacity	05
vii.	InsuranceCompany	THE NEW INDIA ASSURANCE COMPANY LTD.

Verification:

Verifiedat _____ onthis _____ dayof _____ thatthecontentsoftheaboveForm are
true to my knowledge and the documents attached are true copies of their originals.

Documents to be attached:

- i. ID/address proof
- ii. Registration Certificate**
- iii. Driving Licence of the Driver**
- iv. Insurance Policy
- v. Permit
- vi. Fitness

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.	30/24
Date	23.10.2024
Under Section	281/125(b) BNS
Police Station	Lava PS

1.	Date of Accident	ON 21.10.2024
2.	Time of Accident	AT ABOUT 19:00 HRS
3.	Place of Accident	AT LAVA BAZAR PS- LAVA
4.	Offending Vehicle	
	Registration No.	WB-70-Q-8728
	Vehicle Make	MARUTI SUZUKI SWIFT
	Vehicle Model	2022
5.	Driver of the offending vehicle	
	Name	BIDYUT XALXO
	Father's Name	GANPATI XALXO
	Mobile No.	7079302424
	Address	MAHADEO LINE, MATHURA TEA BAGAN ALIPURDUAR-736204
	Driving Licence	Permanent Learner's J juvenile Without License Others (S pecify)
	Driving Licence No.	WB6920210004459
	Validity of Licence	VALID UPTO 07.12.2035
	Licensing Authority	RTO ALIPURDUAR
6.	OWNER OF THE OFFENDING VEHICLE	
	Name	DISHANT ORAON
	Father's Name	BISHU ORAON
	Mobile No.	
	Address	HATKHOLA LINE ATIABARI TEA GARDEN KALCHINI, ALIPURDUAR.
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	14.03.2037
8.	Insurance Details	
	Policy No.	98000031210911246554
	Period of Policy	valid till 28/02/2025
	Name of Insurance Company	THE NEW INDIA ASSURANCE COMPANY LTD.
	Address of the Insurance Company	
9.	Witness(es) to the accident	
	Witness-1: Name	
	Mobile No.	

	Address	
	Witness-2: Name	
	MobileNo.	
	Address	
	Witness-3: Name	
	MobileNo.	
	Address	
	Witness-4: Name	
	MobileNo.	
	Address	
10.	BriefdescriptionoftheAccident The brief fact of this case is that on today at around 16:05 hrs received a written complaint from ASI(UB) 84 Phatik Ch Barman of Lava Camp under Lava PS and in additional charge of OC Highway 717 A from 20th Mile to Phaperkheta, to the effect that on 21.10.2024 at around 19:00 hrs when he was on duty at Lava Bazar then one vehicle Maruti Swift (red colour) bearing Regn No WB 70Q 8728 hit one pedestrian namely Jay Prakash Thakur of Lava Bazar and he received injury on his person and also damaged the roadside parked vehicle viz one Wagon R car bearing Regn No 79 A 1568 , one Alto Car bearing Regn No WB 70 R 9295 and one scooty bearing No WB 79 5056 . On enquiry and spot verification the offending vehicle was being driven by one Dishant Oroan , S/O Bishnu Oroan of Hatkhola Line , Atiabari TE , PS Kalchini, Dist Alipurduar at the time of the incident . With this specific complaint started Lava PS Case No 30/24 dated 23.10.2024 u/s 281/125(b) BNS and endorsed to ASI Ram Krishna Das of Lava PS for its investigation.	
11.	Detailsofcompliance(s)	
i.	DateoffilingofFirst AccidentReport(FAR)	
ii.	DateofuploadingFARonthewebsiteofDelhiPolice	
iii.	DateofdeliveryofFIRandFARtotheInsuranceCompany	
iv.	DateofdeliveryofFIR,Form-II and FARto the Victim(s)	
v.	DateofreceiptofForm-IIIfromtheDriver	
vi.	DateofreceiptofForm-IVfromtheOwner	
vii.	Date of delivery of Form-III and Form-IV to the InsuranceCompany	
viii.	DateofdeliveryofForm-III andForm-IVtotheVictim(s)	
ix.	Whethertheinformation/documentsofthedriver/ownerhave beenverified. <i>Ifyes,attachtheVerificationReport.</i>	Yes No
12.	Passengerdetails	
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/SmallBusinessOwner Worker Other

iii.	Severity	Fatal GrievousInjury Simple Injury HospitalizedSimpleInjuryNon HospitalizedNo Injury
iv.	InjuryType	Back InjuryButtocks InjuryChest InjuryFace Hand Head HipK neeL egNe ck Not ApplicableShoul ders InjuryAbdomina l
v.	Mode ofHospitalization	108 AmbulanceNot HospitalizedByS elf Private AmbulancePrivate Vehicle
vi.	HospitalizationDelay	<30Minutes >30Minutes<1Hour >1Hour >2 Hours >2 Hours NotHospitalized
vii.	Education	Up to Standard 8Standard 8 to 10 Plus 2Diplom aGraduat e PostGraduateandabove Uneducated
viii.	PassengerPosition	Back Truckorpickup BusPassenger Front SeatOtherPi llionRider
		RearSeat
ix.	Seatbelt/Hemet	Yes No NotKnown
x.	PassengerAction	Standing SittingBo ardingFal lingAligh ting
xi.	Nationality	IndianFor eigner
13.	PedestrianDetails	
i.	Gender	Male Female TG

ii.	Severity	Fatal GrievousInjury Simple Injury HospitalizedSimpleInjuryNon- HospitalizedNo Injury
iii.	Mode ofHospitalization	108 AmbulanceNot HospitalizedByS elf Private AmbulancePrivate Vehicle
iv.	HospitalizationDelay	<30Minutes >30Minutes <1Hour >1Hour >2 Hours >2 Hours NotHospitalized
v.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 DiplomaGraduate PostGraduateandabove Uneducated
vi.	InjuryType	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
vii.	PedestrianPosition	AtthePedestrianCrossing Within50metersofPedestrianCrossingAt the TrafficIsland AttheFootpath AttheShoulder oftheRoad AttheRightHandSideoftheRoadAtt heCentre ofRoad

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

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

PhoneNo. :9874387116

P.S: Lava

Date:

Documentstobeattached:

- i. FirstAccidentReport(FAR)
- ii. Driver'sForm-IIalongwithdocumentssubmittedbytheDriver
- iii. Owner'sForm-IIalong withdocumentssubmittedbytheOwner
- iv. VerificationReport.

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.	30/24
Date	23.10.2024
Under Section	281/125(B) BNS
Police Station	LAVA PS

1.	Date of Accident	21.10.2024
2.	Time of Accident	AT AROUND 19:00 HRS
3.	Place of Accident	LAVA BAZAR
4.	Nature of case	SIMPLE INJURY GRIEVOUS INJURY FATAL DAMAGE/LOSS OF THE PROPERTY ANY OTHER LOSS/INJURY
5.	Registration Number of the offending vehicle	WB-70-Q-8728
6.	Owner Details	
	Name	BIDYUT XALXO S/O GANPATI XALXO
	Address	MAHADEO LINE, MATHURA TEA BAGAN ALIPURDUAR-736204
7.	Driver Details	
	Name	DISHANT ORAON S/O BISHU ORAON
	Address	HATKHOLA LINE ATIABARI TEA GARDEN KALCHINI, ALIPURDUAR
8.	Insurance Details	
	Policy No.	98000031210911246554
	Period of Policy	valid till 28/02/2025
	Name of Insurance Company	THE NEW INDIA ASSURANCE COMPANY LTD.

DEATH CASE

9.	Name of the deceased	
10.	Father's Name	
11.	Age/Date of Birth	
12.	Date of death	
13.	Gender of the deceased	
14.	Marital status of the deceased	
15.	Occupation of the deceased	
16.	If the deceased was employed, give the name and address of the employer	
17.	Income of the deceased	

18.	Whether the deceased was assessed to Income Tax <i>If yes, file the copy of Income Tax Returns for the last three years</i>	Yes No
19.	Whether the deceased was the sole earning member of the family	Yes No
20.	Details of medical treatment given to the deceased, prior to death. Give details of medical expenses incurred	
21.	Whether the victim got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance	

	escheme <i>If yes, providedetails</i>				
22.	Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased				
	Name	Age /Date of Birth	Gender	Relation	Marital Status
i.					
ii.					
iii.					
iv.					
v.					
vi.					
23.	Name, Contact Number and Address of Legal Representatives of the deceased				
	Name	Contact Number	Present Address as well as Permanent Address		
i.					
ii.					
iii.					
iv.					
v.					
vi.					
24.	In case of children below the age of 18 years				
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child	
i.					

INJURY CASE

25.	Name of the Injured	JAY PRAKASH THAKUR OF LAVA BAZAR
26.	Father's Name	
27.	Address of the Injured	
28.	Contact No. of Injured	
29.	Age/Date of Birth	
30.	Gender of the Injured	
31.	Marital status of the Injured	
32.	Occupation of the Injured	
33.	If the Injured was employed, give the name and address of the employer	
34.	Income of the Injured	
35.	Whether Injured assessed to Income Tax <i>If yes, file the copy of Income Tax Returns for the last three years</i>	Yes No
36.	Nature and description of Injury
37.	Medical treatment taken by the Injured	YES

38.	Name of hospital and period of hospitalization			
	HospitalName Period of Hospitalization Doctor's Name			
39.	Details of surgery(s), if undergone			
	N/A			
40.	Whether any permanent disability			
	If yes, give details Yes No			
41.	Details of the family of the Injured			
	Name	Age /Date of Birth	Gender	Relation
i.	N/A			
ii.	N/A			
iii.	N/A			
iv.	N/A			
v.	N/A			

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.	N/A			
ii.	N/A			
iii.	N/A			
iv.	N/A			
v.	N/A			
vi.	N/A			
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 Medi-claim policy or under any government cashless treatment scheme or government insurance scheme			Yes No
	If yes, provide details			

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	
ii.	Hospital name	
iii.	State	
iv.	District	
v.	Address	
vi.	Pincode	
vii.	Hospital Type	Government Private
viii.	Classification (if Government)	Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions
		Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT
x.	Mobile	N/A
xi.	National Identification Number (NIN)	N/A
xii.	Landline	N/A
xiii.	E-Mail	N/A
xiv.	Username	N/A
xv.	Password	N/A
xvi.	Retype Password	N/A
xvii.	Hospital Location	N/A
xviii.	Police District	N/A
xix.	Police Station	N/A
50.	Patient's details	
i.	Patient Type	Medico Legal Death - Out Patient (MLD-OP) Medico Legal Death - In Patient (MLD-IP)
ii.	In Patient / Out Patient	
iii.	Time of Arrival	N/A
iv.	Patient Name	N/A
v.	Patient Age	N/A
vi.	Patient Contact Number	N/A
vii.	Gender	Male Female T G
viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized

		SimpleInjuryNonHospitalized
ix.	Relation(ifMale /TG)	Father Guardian
x.	Relation(ifFemale)	Father MotherGuardian
xi.	FatherName	
xii.	PatientAddress	
xiii.	AccidentRegisterNumber	
xiv.	IDProof	Voter IDPAN CardAadhaarCard Driving LicenceOthers IDProofUnavailable
xv.	IDProofNumber	
xvi.	IdentificationMark1	
xvii.	IdentificationMark2	
xviii.	InformantName	
xix.	InformantAddress	
xx.	ContactNumber	
xxi.	DoctorName	
xxii.	DoctorRegn.Number	
51.	Treatmentdetails	
i.	InjuredPartofBody	Back InjuryButtocks InjuryChest InjuryFace HandHead HipKneeLe gNeck Not applicableShouldersIn juryAbdominal
ii.	TraumaFlag/Triage	RedYellow Green Black NoPre-ArrivalIntimation Notrecorded orinadequat elydescribed
iii.	InjuryNature	BluntAbdominalTrauma CranialTrauma Fractureor DislocationofBone orToothSevere Coma PermanentDisfigurementofHeadorFacePrivat ionofanyMemberor Joint Wounds or CutDeglovingInjury
iv.	LevelofConsciousness	Alert Drowsy UnResponsive
v.	Breathing	SpontaneousBreathing NonSpontaneousBreathing
vi.	SystolicBP (MM)	
vii.	DiastolicBP(MM)	
viii.	Pulse/HeartRate(BPM)	
ix.	RespiratoryRate	

x.	SPO2 (%)	
xi.	Temperature(°F)	
xii.	Orientation	Oriented Disoriented
xiii.	DescriptionofPupil	Equal in Size - Normal Reaction Not-Equal ConstrictedDilatedand Fixed
xiv.	PhysicalExamination	OpenorClosedsuspectedSkullFracture Chest Injury including PneumothoraxNotrecorded/Inadequatel ydescribedSuspected Pelvic Injury SpinalInjury CrushInjuryincludingDeglovingPre- hospitaldata unavailable AmputationproximaltowristandmakePenet ratingto Head,Neck,Torso
v.	Treatment	SurgicalManagement ConservativeManagement

xvi.	OpinionObtained	Cardiac OpinionENTOpin ionGastro General PhysicianGeneral SurgeonInternal MedicineNeurosur geon Ophthalmology Ortho
xvii.	XRaysDone	Head/SkullCervi cal SpineThoracic spineLumbar spineChestAbdo men/pelvis Kidney,Ureter&BladderU pper Limb LowerLimb XRayNot done XRayNot Needed NotrecordedorInadequatelydescribed
xviii.	CTScan	Head/SkullS pineChest Abdomen/pelvis Other CT Scan Not doneCTScanNotNeed ed NotrecordedorInadequatelydescribed Doppler ultrasound Fast extended focusedUltraScan
xix.	EmergencyDepartmentDisposition	DischargedHome Leftagainstmedicaladvice Ward Transferredtoanotherhospital Operationtheatre Intensive care unit Died in Emergency Disposition Brought Dead
52.	HistoryasstatedbytheInjured	

53.	Detailsof Injuries	
54.	DischargeSummary	
i.	Nameofthe doctor	
ii.	DoctorRegnNo.	
iii.	Conditionatadmission	
iv.	Resultsofclinical investigationifany	
v.	Injuriesdiagnosedotherthanthosenotedin theWoundCertificate,ifany	
vi.	Detailsoftreatmentgiven,includingthose ofsurgicalandother proceduresifany	
vii.	Conditionatdischarge	
viii.	Advicegivenatthetimeofdischarge regardingfurthertreatmentifnecessary	
ix.	Remarksifany	
55.	DrunkennessCertificate	
i.	Whetherunder arrestornot	Yes No
ii.	Consent	
iii.	Date&time ofexamination	
iv.	History	
v.	Smellofalcoholinbreath	Present Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	DecentlyDressed Disordered Soiled Torn
viii.	GeneralDisposition	CalmTalkative Abusive Aggressive
ix.	SelfControl	Normal Impaired
x.	Memory	Normal Impaired
xi.	Orientationoftime&space	Normal Impaired
xii.	Reactiontime	Normal Delayed
xiii.	Gait	Normal Unsteady Unable to stand upright
xiv.	Fingernosetest	Positive Negative
xv.	Romberg'ssign	Positive Negative
xvi.	Specialexamination(Blood&urine)	Preserved NotPreserved
xvii.	Reflexes	NormalExaggerated Sluggish
xviii.	Anyother findings/Injuriesonthebody	
56.	PostmortemCertificate	
i.	Alleged causeofdeathasperinquest	
ii.	Assisted by	
iii.	MedicalOfficer	
iv.	Remarksifany	

Documents to be submitted In Death

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 Medi-claim policy, if taken
9. Any other document

In Injury Cases:

1. Multi-angle photographs of the injured
 2. Proof of age of the injured which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
 3. Proof of Occupation and Income of the injured which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
 4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
 5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.
 6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children
 7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement
 8. Proof of reimbursement of medical expenses by employer or under a Medi-claim policy, if taken
1. Any other document
Other document 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

Nameandsignatureoftheinjured/legalrepresentativeofdeceased			
S. No.	Name	Signature	Photograph
1.			
2.			
3.			
4.			
5.			
6.			

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

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

FIR No.	30/24
Date	23.10.2024
Under Section	281/125(B) BNS
Police Station	LAVA PS

1.	Date of Accident	21.10.2024
2.	Time of Accident	AT AROUND 19:00 HRS
3.	Place of Accident	LAVA BAZAR
4.	Nature of Accident	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury
5.	Offending Vehicle Details	
	Registration No.	WB-70-Q-8728
	Make	MARUTI SUZUKI SWIFT
	Model	2022
	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	DISHANT ORAON
	Father's Name	BISHU ORAON
	Mobile No.	
	Address	HATKHOLA LINE ATIABARI TEA GARDEN KALCHINI, ALIPURDUAR.
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
	Driving Licence No.	WB6920210004459
Validity of Licence	valid upto 07.12.2035	
Licensing Authority	ALIPURDUAR RTO.	
7.	Owner of offending vehicle	
	Name	BIDYUT XALXO
	Father's Name	GANPATI XALXO
	Address	MAHADEO LINE, MATHURA TEA BAGAN ALIPURDUAR-736204.
8.	Insurance Details of offending vehicle	
	Policy No.	98000031210911246554
	Period of Policy	valid till 28/02/2025
Name of Insurance Company	THE NEW INDIA ASSURANCE COMPANY LTD.	
9.	Whether License has been verified from the Authority. If yes, attach report. If no, give reasons	Yes No
10.	Whether Driving Licences suspended/cancelled. If yes, give details	Yes No
11.	Whether driver injured during the accident. If yes, give details	Yes No
12.	Vehicle was Driven by	Owner Paid Driver Other (Specify)

13.	Whether the Driver was driving under the influence of alcohol/ drugs <i>Whether findings based on scientific report. If yes, give details</i>	Yes	No	
14.	Whether driver carrying mobile phone at the time of accident <i>If yes, give details of Mobile</i>	Yes	No	
	Mobile No.			
	IMEI No.			
	Make & Model			
15.	Whether driver previously involved in motor accident case(s) <i>If yes, whether case pending or decided by MACT? Give details of The FIR and MACT case</i>	Yes	No	
16.	In case of commercial vehicle			
	Permit details			
	Fitness details			
17.	Whether Permit and Fitness have been verified from the Authority <i>If yes, attach report. If no, give reasons</i>	Yes	No	
18.	Whether the Owner reported the accident to the Insurance Company <i>If yes, give date</i>	Yes	No	
19.	In case the driver fled from spot, whether the owner produced the driver before the police <i>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</i>	Yes	No	
Victim(s) details				
20.	Victim(s)	Pedestrian/ Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)		

DEATHCASE			
21.	Nameofthe deceased		
22.	Ageofthedeceased		
23.	Occupation		
24.	DetailsofLegalRepresentativesofthedeceased		
		Name	Relationship
			Age
	(i)		
	(ii)		
	(iii)		
	(iv)		
(v)			
INJURYCASE			
25.	Nameoftheinjured	JAY PRAKASH THAKUR OF LAVA BAZAR	
26.	Age	
27.	Occupation	
28.	NatureofInjury	
	Simple	
	Grievous	
29.	DetailsofInjury		
30.	OffencesCharged		
	<u>IndianPenalCode, 1860</u>		
a.	Section279	Rashdrivingor ridingonapublicway	
b.	Section337	Causinghurtbyactendangeringlifeorpe rsonalsafetyofothers	
c.	Section338	Causinggrievoushurtbyactendangering lifeorpersonal safetyofothers	
d.	Section304-A	Causingdeathbynegligence	
e.	Any otheroffence		

30	<u>Motor Vehicles Act, 1988</u>		
a.	Sections3/181	Drivingwithoutlicense	
b.	Sections4/181	Drivingbyminor	
c.	Sections5/180	Allowingunauthorizedpersontodrive	
d.	Section182	Offencesrelatingto licenses	
e.	Sections56/192	Withoutfitness	
f.	Sections66(1)/192A	Withoutpermit	
g.	Sections112/183(1)	Overspeeding	
h.	Sections113/194	Overloading	
i	Sections119/184	Jumpingred light	
j.	Sections119/177	Violation of mandatorysigns (Oneway,Norightturn,No leftturn)	
k.	Sections122/177	Improper/ obstructiveparking	
l.	Sections146/196	Withoutinsurance	
m.	Section177/Rules ofRoadRegulation17(1)	Violationof“One way”	
n.	Section 194(1A)/ RulesofRoadRegulation29	CarryingHigh/LongLoad	
o.	Section 184/Rules of RoadRegulation, rule6	Violationof“Noovertaking”	
p.	Section177/CentralMotor VehiclesRules,1989 Rule105	Withoutlightaftersunset	
q.	Section179	Disobedience oforders, obstructionand refusalofinformation	
r.	Section184	Drivingdangerously	
s.	Section184	Usingmobilephonewhile driving	

t.	Section185	Drunkendiving/drugs	
u.	Section186	Drivingwhenmentallyor physicallyunfittodrive	
v.	Section187	ViolationofSections132(1)(a),133 &134	
w.	Section190	Usingvehicleinunsafecondition	
x.	Section194A	Carryingmorepassengers thanauthorized	
y.	Section194B/ CentralMotorVehicles Rules,1989 Rule138(3)	Drivingwithoutasafetybelt	
z.	Section194C	Penaltyforviolationofsafetymeasuresformotorcycle driver andpillionrider	
a.a	Section194D	Penaltyfornotwearingprotectiveheadgear	
b.b	Section194E	Failure to allow freepassagetoemergency vehicles	
c.c	Section194F	Usingthehornunnecessarilyorinplaceswhereitis prohibited	
d.d	Section197	Takingvehiclewithoutauthority	
e.e	Section199A	Offencecommittedby juveniles	
f.f	Any otheroffence		
31.	DetaileddescriptionoftheAccident		
32.	Direction(s)requiredfromtheClaimsTribunal		
i.	The driver of the offending vehicle has not furnished Form-III/has furnishedincompleteForm-III, despite letter(s)dated [Copy(s)attached].Thedriverbedirected tofurnishtheForm-IIIbeforethisTribunalwithin15days.		
ii.	The owner of the offending vehicle has not furnishedForm-IV/ has furnished incompleteForm-IV,despiteletter(s)dated.....[Copy(s)attached].Theownermaybedirected to furnish the Form-IVbefore this Tribunal within 15days.		

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		
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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. : 9874387116
P.S: Lava
Date: 07.01.2025

FORM-VIII

SITEPLAN

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

FIR No.	30/24
Date	23.10.2024
Under Section	281/125(B) BNS
Police Station	LAVA PS

1.	Date of preparation of site plan	
2.	Type of collision (collision from)	Hit from back Vehicle opedestrian Run-off road Vehicle overtake Head on collision Other (Specify)
3.	Road direction	One-way Two-way -way Other (Specify)
4.	No. of lanes	01
5.	Width of road	Not known
6.	Place of accident	LAVA BAZR
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 P WD National Highway Under Other Departments Corporation Road Municipality Road Panchayat Union Road Panchayat Road

iii.	TypeofStructure	<p>Normal</p> <p>RoadGrade</p> <p>RoadOverBridge</p> <p>Culvert</p> <p>RoadUnderBridgeRi ver</p> <p>BridgeVehicularUnd erPassLimited Use</p> <p>SubwayCauseway</p>
iv.	TypeofRoadSurface	<p>Bituminous/Asphalt</p> <p>WaterBound Macadam(WBM) / Metalled</p> <p>RoadsPaver Block Road</p> <p>Gravel</p> <p>RoadMurrumRoa d</p> <p>Earthen/KutchRoad</p>
v.	SurfaceCondition	<p>GoodRevelin</p> <p>gLooseFloode</p> <p>dSlippery/</p> <p>OilyMuddy</p>
		<p>Corrugated/WavyroadP</p> <p>otHoles</p> <p>Snowy</p> <p>Road UnderRepair</p> <p>NoInfluenceonAccident</p>
vi.	TypeofCarriageway	<p>Single Lane (1</p> <p>Way)Single Lane (2</p> <p>Way)ImmediateLan e</p> <p>2Lane(1Way)</p> <p>2 Lane(2Way)</p> <p>3 Lane(1Way)</p> <p>3 Lane(2Way)</p> <p>4 LaneUndivided(2Way)</p> <p>4Lanedivided(2Way)</p> <p>6LaneUndivided(2Way)</p> <p>6Lanedivided (2Way)</p> <p>8Lanedivided(2Way)</p>

vii.	AccidentLocation	<p>StraightRoadAt JunctionNearby Junction Horizontal CurveVertical CurveNearbyBus Stop</p>
viii.	HorizontalCurve	<p>Simple CurveCompound CurveReverseCurveDeviation CurveTransition Curve</p>
ix.	VerticalCurve	<p>Symmetrical Crest / Summit Vertical CurveUnsymmetricalCrest/SummitVerticalCurveSymmetrical Sag Vertical CurveUnsymmetricalSagVerticalCurve</p>
x.	JunctionType	<p>Roundabout Y-Junction Four-armSquareJunctionMore thanFour-arm ElevatedJunction(3-arm/4-arm)Four-armCrossJunction</p>
		<p>Guarded LevelCrossingUnguarded LevelCrossingT-Junction</p>
xi.	JunctionControl	<p>No ControlFlashing SignalGive Way SignStop SignTraffic SignalsManned Control</p>
xii.	SightDistance	<p>Available to JunctionAvailable to CurveStraightReach NotApplicable</p>

xiii.	SpeedLimit	Below40 40-60 60-80 80-90 Above90Not Available
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xiv.	Road Margins	Shoulders Pedestrian/Cycle Track Bus Bay Guard Rails/Crash Barriers Service Lane Parking Lane Not Applicable
xv.	Type of Terrain	Plain Terrain (0 to 10%) Rolling Terrain (10 to 25%) Mountainous Terrain (25% to 60%) Steep Terrain (Above 65%)
xvi.	Type of Surface Gradient	Ruling Gradient Limiting Gradient Minimum Gradient Floating Gradient Exceptional Gradient Average Gradient
xvii.	Physical divider / Barrier	Yes No
xviii.	Type of Median	Depression/Flush Median Crash Barrier Flexible/Portable Divider Concrete Divider Raised Median with Anti-Glare Measures Raised Median without Anti-Glare Measures Kerb Median
xix.	Pedestrian Infrastructure	Footpath Footpath with Guard Rail Signalized Zebra Crossing Unsignalized Zebra Crossing Signalized Mid-Block Zebra Crossing Unsignalized Mid-Block Zebra Crossing Foot Over Bridge Subway Tabletop Crossing Not Applicable
xx.	Ongoing Road Work	Yes No

xxi.	RoadMarkings	AvailableFad ed NotAvailable
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xxii.	Road SignBoard	Available and Reflective Available and Non R effective Not Available
xxiii.	FactorsofRoadAccident	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. : 9874387116

P.S: Lava

Date: 07.01.2025

FORM-IX**MECHANICALINSPECTIONREPORT**

ByInvestigatingOfficer(throughMotorVehicleInspector)toClaimsTribunalAlongwithDARwithin ninety(90) daysofAccident

FIRNo.	30/24
Date	23.10.2024
UnderSection	281/125(B) BNS
PoliceStation	LAVA PS

DateofMechanicalInspection	26.10.2024
NameofMotorVehicleInspector	SHRI BHOLANATH BARURI
RegistrationNo.ofMotorVehicleInspector	L-72044

1.	VehicleRegistrationNo.	
2.	VehicleType	Motorized2-wheelerAuto Car/Jeep/TaxiCycleRickshawHand Drawn CartBicycleTempo/TractorTruck/LorryAnimal Drawn CartBus HeavyArticulatedVehicle/Trolley NotKnown Other(Specify)
3.	Vehiclemake	MARUTI SUZUKI
4.	ModelName	WB-70-Q-8728
5.	Colourofvehicle	WINE RED
6.	EngineNumber	ENGINE NO: K12NP1179815
7.	ChassisNumber	CHASSIS NO: MBHCZCB3SNA948500
8.	Locationofvehicleinspection	
	AccidentSite	LAVA BAZR
	Garage	
	Other(Specify)	
9.	IncaseofCommercialVehicle	
	DetailsofFitness	
	Detailsofpermit	
10.	EvidenceofImpact1(PaintTransfer)	
	PaintTransferfound	Yes No
	ColourofPaintTransfer	
	LocationofPaintTransfer	
11.	EvidenceofImpact2(Scratchmarks/Others)	
	Typeofscratch	
	Locationofscratch	
12.	PointofImpact	
13.	MechanicalconditionofVehicle	

	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	2022
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-Transport Vehicle
viii.	Pollution under Control Certificate Validity	
ix.	Tax Details	10.03.2027

x.	SeatCapacity	05
xi.	InsuranceCompany	THE NEW INDIA ASSURANCE COMPANY LTD.
xii.	Disposition	Canbedrivenaway Need to betowed Cannotbetowed
xiii.	ManoeurveatAccident	Turning RightTurning LeftOvertaking from leftMakingUturn Going ahead overtakingGoingaheadnotovertaki ngParked Reversing SuddenStart Starting from off sideStartingfromnearsideSuddenS top MergingDivergin gStationary UsingPrivateEntrance Parking VehicleTemporarilyHeldUp
xiv.	VehicleDamage	Rear DamageFront DamageTopDa mageLeft DamageRight DamageMultiple DamageNo Damage TotalDamage
xv.	Accused/Victim	AccusedVehicle Victim VehicleNotKn own
xvi.	BrakeType	Air BrakeHyd raulicMec hanical VaccumAssistedHydraulicBrake
xvii.	ConditionofBrake	AirBrake <ul style="list-style-type: none"> • Satisfactory • Wantofair • Leakageofair • Wornout parts Hydraulic <ul style="list-style-type: none"> • Satisfactory • Wantoffluid • Leakageoffluid Mechanical <ul style="list-style-type: none"> • Satisfactory • Wornout parts • LackofLubrication

		<ul style="list-style-type: none"> Slackness in adjustment <p>Vaccum Assisted Hydraulic Brake</p> <ul style="list-style-type: none"> Satisfactory Want off fluid Leakage off fluid Want of air Leakage of air Worn-out parts
xviii.	Condition of Foot Brake	Active Inactive
xix.	Condition of Hand Brake	Active Inactive
xx.	Brakes Even or Not	Even Noteven
xxi.	Mechanical Failure	Yes No
xxii.	Tyre Condition	<p>Worn Out In Order Remoulded Origin al Satisfactory Bald Wear Bead Separation Belt Separation Bent Bead Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect</p> <p>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</p>

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 / Video to be attached:

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

**Motor Vehicle
Inspector Date :**

Dated. 26.10.2024

FORM-X

VERIFICATIONREPORT

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

FIRNo.	30/24
Date	23.10.2024
UnderSection	281/125(B) BNS
PoliceStation	LAVA PS

1.	VehicleRegistrationNo.	WB-70-Q-8728
	ValidityPeriod	
2.	EngineNo.	K12NP1179815
3.	ChassisNo.	MBHCZCB3SNA948500
4.	CategoryofVehicle	
5.	Make	MARUTI SUZUKI SWIFT
	Model	2022
	OwnerDetails	
6.	Name	BIDYUT XALXO S/O GANPATI XALXO
	Address	MAHADEO LINE, MATHURA TEA BAGAN ALIPURDUAR-736204
7.	DetailsofInsurer	
8.	DetailsofPermit	
	PermitNo.	
	Validity	
9.	Detailsof FitnessCertificate	
	FitnessCertificateNo.	
	Validity	
10.	Incaserecordnotavailable, statereasons	

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

Phone No. : 9874387116

P.S: Lava

Date:07.01.2025

NATH BARURI
AUTOMOBILE ENGINEER
MECHANICAL EXPERT
VEHICLE ESTIMETER
(PROVED) MECH REG. NO. 1120

(49)

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

MECHANICAL EXAMINATION REPORT
U/S 136 MV ACT, 1988

Date. 26-10-2024.....

Ref. LAVA, P. S, D/R, No, 1250 /2024. Dated. 25-10-2024.

PS: Lava - Kalimpong.

Case No. / M.A Case No. : 30 /2024. Dated. 23-10-2024.
U/S, 281 / 125 (b) . BNS .

Name and designation of the Motor Vehicle

Inspector/Expert: Bholanath Baruri / Automobile Engineer / Mechanical Expert .

Venue and Date of Examination : At Lava Bazar inbetween Ghari More and Gumba More on
26-10-2024.

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

- A Make MARUTI SUZUKI IND PVT LTD .
b. Type SWIFT CAR .
c. Model 2022 .
d. Registration Number WB 70 Q 8728 .
e. Chassis Number MBHCZCB 3 SNA 948500 .
f. Engine Number K 12 NP 1179815 .
g. Colour RED .

h. Distinguishing Features (Basically please write if the vehicle can be identified without the registration number like some specific Name / Painting on the Body / Windscreen etc)
Nil .

i. General Description from outside - Eye View -
a. Point of contact between the vehicles and signs of exchange of paint-
Nil .

b. Description of damage caused (specify)-

Front show, bumper, mudguard, engine bonnet, both side mudguard, radiator, A/C system is badly damage and front both side indicator light , both side head light is broken .

c. Any other point of interest-
Nil .

(50)

Condition of Brakes (Please attach Photographs)

- a. Are the brakes OK?
- b. Are they worn out?
- c. Whether the brakes show wear and tear due to sudden application of the brakes at the time of accident?
- d. Are there signs of brake failure which could have lead to the accident?

Yes No

Yes No

Yes No

Yes No

3. Condition of Tyres (Please attach Photographs)

- a. Do the tyres conform to the standards stipulated in MV act 1988?
- b. Are the tyres worn out or resoled?
- c. Do the tyres reveal any mark of skidding due to sudden deceleration by observing the wear and tear and the groove pattern?
- d. Can the condition of the tyres be held responsible for the extra distance covered even after braking?
- e. Were the tyres found punctured? If yes specify whether before or after the accident collision.

Yes No

Yes No

Yes No

Yes No

Yes No

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

4. Condition of Gears -

- a. Whether the gear lever, gear pinion, gear handle and clutch were in flexible state at the time of accident?
- b. Whether these parts are in sufficiently lubricated condition?

Yes No

Yes No

5. Condition of Steering -

- a. Whether steering is adequately mobile?
- b. Whether the tie rod is in perfect working condition

Yes No

Yes No

6. Condition of Lights -

- a. Whether the Head Light / Fog Light / Indicator of the vehicle are in working condition?
- b. Ifnot, is the same due to accident or were faulty even before the accident?

Yes No

Light's are not working properly due to accident .

7. Condition of battery :-

What is the Condition of battery?

Battery is not working properly .

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Condition of Rear View Mirrors -

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

Yes No

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

Nil .

10. Condition of Speed Governors:-

a. Whether speed governor have been installed?

Yes No

b. Are they to operational condion?

Yes No

c. Have they been tampered with?

Yes No

11. Condition of the Wipers-

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

Yes No

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

Yes No

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

Yes No

14. Overloading -

Was the vehicle overload? if yes, further remarks.

Nil .

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

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

Date and time of Examination of the vehicle

On 26-10-2024 at about 2.30.P.M.

Signature of the Mechanical Expert

Bhola Nath Barur
26.10.2024.

Bhola Nath Barur
Automobile Engineer
Mechanical Expert

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

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**M/S. B. N. BARURI MECHANICAL
EXPERT AND CO.**
C/O. M/S. ANIL TRADING CO.
SEVOKE ROAD, SILIGURI-731 001
DARJEELING
(WEST BENGAL GOVT.) REG. NO. L-72044

Date.....26-10-2024.....

Photograph Of Accidental Vehicle Bearing Reg No,
WB-70-Q-8728 .MARUTI SWIFT CAR



Bholanath Baruri
Automobile Engineer/ Mechanical Expert

(Handwritten Signature)
26.10.2024.

Bhola Nath Baruri
Automobile Engineer
Mechanical Expert

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

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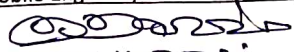
**M/S. B. N. BARURI MECHANICAL
EXPERT AND CO.**
C/O. M/S. ANIL TRADING CO.
SEVOKE ROAD, SILIGURI-734 001
DARJEELING
(WEST BENGAL GOVT.) REG. NO. L-72044

Date...26-10-2024...

Photograph Of Accidental Vehicle Bearing Reg No,
WB-70-Q-8728.MARUTI SWIFT CAR



Bholanath Baruri
Automobile Engineer/ Mechanical Expert



26.10.2024
Bhola Nath Baruri
Automobile Engineer
Mechanical Expert

SEIZURE LIST

P.R. No. 50/24



1. Ref.: Laua Ps case No. 30/24 Dt: 23/10/24 vs 28/125 (B) BNS

2. Date and time of seizure: on 25/10/24 at 14:05 hrs to 14:55 hrs.

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3. Place of seizure: Laua Bazar, PS-Laua Dist: Kalimpong.

4. Seized from (with name, address, mobile number): Dishant Oraon s/o Bishu Oraon of Hatkhola line Atiaberi Tea Garden, Kalchini Shipuduar Contact No. 8391997938

5. In presence of the following witnesses following articles have been seized in connection with the case: -

Sl. No.	Description of documents/articles	Quantity/Page No(s).
1	One original certificate of Registration bearing No. WB 70 Q 8728 in s/o Bidyut Kaloo s/o Ganapati Kaloo of Mahadeo Line, Mathura Tea Bagan, Shipuduar.	
2	Original driving Licence of driver namely Dishant Oraon s/o Bishu Oraon of Hatkhola line Atiaberi Tea Garden, Kalchini Shipuduar bearing No. WB 69 2021000 - 459 (valid upto 07/12/2035) of the offending vehicle	03
3	One offending vehicle bearing No. WB 70 Q 8728 (Swift seed colour) along with key.	1

The aforesaid articles/documents are taken into police possession and seized as evidence. The seizure memo is prepared as per law.

6. Signature of person from whom seized: Dishant Oraon

Signature and names of Independent Witnesses (with address and mobile number): -

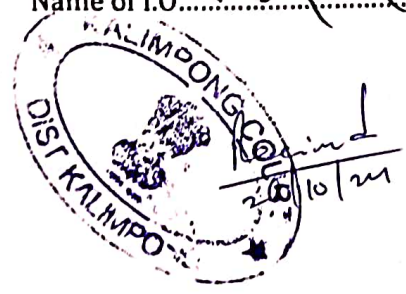
1.) C1414 Rajy Singha

2.) Khokam Chik Barait

1. Videography done by: C1421- Kartik Das

2. Special note (if any):

Name of I.O. Asst. Ranu Krishna Jais PS. Laua Dt. 25/10/24



Seized by me
Asst. Ranu Krishna Jais
Laua PS
Dist. Kalimpong
Dt. 25/10/24

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GOVERNMENT OF WEST BENGAL
State Transport Department Alipurduar RTO
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : WB70Q8728 Registration Date : 15-Mar-2022
Description of Vehicle : MOTOR CAR Purpose For Printing RC : NEW
Dealer's Name & Address : SEVOKE MOTORS PVT LTD, SEVOKE ROAD, SILIGURI, ...
Owner Name : BIDYUT XALXO Son/wife/daughter of : GANAPATI XALXO
Full Address: (Permanent) : MAHADEO LINE, MATHURA TEA BAGAN, ALIPURDUAR, ALIPURDUAR, WEST BENGAL-736204
Full Address: (Temporary) : MAHADEO LINE, MATHURA TEA BAGAN, ALIPURDUAR, ALIPURDUAR-WEST BENGAL-736204
Fitness UpTo : 14-Mar-2037 Tax UpTo : 10-Mar-2027
Owner Serial No : 1
Detailed Description
Class of Vehicle : MOTOR CAR Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : SIMA TIRKEY
Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI
Maker's Name : MARUTI SUZUKI INDIA LTD
Front HSRP No : AA2036322962 Rear HSRP No : AA2036322963
Type of Body : SALOON CAR Month/Year of Manuf. : 01/2022
No of Cylinders : 4 Chassis No : MBHCZCB3SNA948500
Engine No : K12NP1179815 Fuel : PETROL
Horse Power(BHP) : 88.44 Cubic Capacity : 1197.00
Maker's Classification : SWIFT VXI Wheel base : 2450
Seating Cap(in all) : 5 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 885
Colour : FIRE RED Laden/GV Wt (kgs) : 1335
Other Criteria : AC Fitted : YES
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of AXIS BANK LIMITED, JAIGAON, . . Alipurduar, West Bengal-736204 w.e.f. 11-Mar-2022.

Purchase dt : 11-Mar-2022 Safe Amt : 640947/-
OTT Date : 11-Mar-2022 Amount/Rcpt No : 35253 / WB69D22030000385
TaxUpTo : 10-Mar-2027 Vehicle Is Govt/ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 15-Mar-2022
Other State/Transfer/Conversion Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 15-Mar-2022 to 14-Mar-2037

Date : 27-Apr-2022 12:37:22

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 27-Apr-2022

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

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Original

RT-I

1. Full name (in block letters) ... Jay Prakash Thakur.
2. Age ... 56 yrs. Sex ... Male Religion ... Hindu
3. Mark
4. Father's Name/Husband's Name ... late Dharam Nath Thakur
5. Full Address ... Lava Bazar. P.S - Lava Dist Kalimpong
6. Brought by (Name, Relation, Address) ... Ranjan Thakur. (Son)
same as above.
7. Date and time of injury sustained ... 7PM 21/10/2014.
8. Address of the place of incidence / occurrence ... Lava Bazar.
9. Brief history of the case as stated by the patient / party ... Patient was sitting beside road. Suddenly one car came and hit the patient. (stated by patient himself)

Ranjan son.
(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse 96 / mint, Respiration 200/100 mmHg
Conscious/Semiconscious/Unconscious/Stuporous/Oriented/Disoriented (tick /)
Any other (Violent/alcoholic breath/gait/pupils etc.)
2. Types of injury (whether a cut/bruise/abrasion/contusion/Laceration/burn/scald/soft tissue etc.)
3. On which part of the body inflicted/affected (Specify) ... (H) Ear. (Back of the ear)
Nasal Bridge, upper lip, forehead
4. Number of such injury ... 4
5. Size of each injury in inches (length x breadth x depth) ... Ear. (Approx 5cm x 2cm)
forehead (3cm x 1cm) Nasal Bridge (3cm x 2cm)
upper lip. (3cm x 2cm)
6. Whether Old/Fresh ... Fresh
7. Condition of such injuries at the time of examination. (Bleeding/not bleeding/ infected/gangrenous or otherwise)
8. Nature of Injury: SIMPLE / GRIVEOUS (tick /)
9. By what kind of weapon inflicted/ Sharp/ blunt/ gun/ any other etc.)
10. Whether the patient is admitted/ referred/ discharged after first aid ... Admitted in
M.C.W.

Jay Prakash
21/10/2014
Signature of the Medical Officer
(Full Name and District Hospital, Kalimpong)

Dated : 21/10/2014



सत्यमेव जयते

Indian Union Driving Licence
Issued by **GOVERNMENT OF WEST BENGAL**

WB

WB69 20210004459



Issue Date Validity(NT) Validity (TR)*
16-08-2021 07-12-2035



Dishant Oraon
Holder's Signature

Name: **DISHANT ORAON**
Date of Birth: **08-12-1995** Blood Group: **AB+** Organ Donor: **N**
Son/ Daughter/Wife of: **BISHU ORAON**
Address:
HATKHOLA LINE ATIABARI TEA GARDEN KALCHINI,ALIPURDUAR,WB 735217

Date of First Issue 16-08-2021

DL No : **WB69 20210004459**

DLWB0910999



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge* Number	Badge* Issued Date	Badge* Issued by
	MCWG	WB69	16-08-2021	NT			
	LMV	WB69	10-05-2024	NT			
			-			-	
			-			-	

Form 7 Rule 16(2)

Emergency Contact Number


Licensing Authority
ALIPURDUAR