West Bengal Form No. .....

Annexure D

FIRST INFORMATION REPORT

1760

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

1. (i)Dist. Kalimpong (ii) Sub-Divn. Kalimpong (iii) PS. Kalimpong
   (iv) Year 2026 (v) FIR no. 60/25 (vi) Date 08/04/25
2. (i)Act. BNS Sections 281/125(a)/125(b) (ii)Act. Sections.
   (ii)Other Acts and Sections.
3. (a) General Diary Reference : Entry no. 359 Time 21:15 hrs.
   (b) Occurrence of Offence: Day Tuesday Date 08/04/25 Time 13:30 hrs.
   (c) Information Received Date 08/04/25 Time 21:15 hrs.
   G.D No. 359 at the Police Station.
4. Type of Information : Written/ Oral/ Electronic communication
5. If registered after Preliminary Enquiry, reference no. of such enquiry :
6. Place of occurrence: (a) Direction and distance from P.S. North-West approx 16 kms from PS
   (b) Address at Lapchay Thosa, Melli NH 10, Kalimpong.
   (c) In case outside limit of this Police Station, then the name of P.S.
   District.
7. Complainant/Informant:
   (a) Name Mohamad Istak
   (b) Father's/Husband's name Mohamad Alam
   (c) Date/Year of Birth
   (d) Nationality Indian
   (e) Address Melli bajar, PS Kalimpong.
   (f) Mobile no. 8617016385
   (g) UID no./Any other ID no.
   (h) E-mail id.
8. Details of known/suspected/unknown/accused with full particulars (attach separate sheet, if necessary)
9. Reasons for delay in reporting by the Complainant/ Informant Owner of vehicle bearing reg. no. SK 07 T-0113.
10. Particulars of properties stolen/involved. (Attach separate sheet, if necessary):
11. Total value of properties stolen/involved:
12. Inquest report/ U.D Case no. if any:
13. FIR contents: (Attach separate sheets, if required): The original written complaint which is treated as FIR is enclosed herewith.
14. Action taken: Since the above report reveals commission of offence(s) u/s

Registered the case and ~~took up investigation~~ or directed ASI Sonia Lepcha 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.

Istak in original complain.

Signature /Thumb impression of the Complainant/Informant

08.4.25

Signature of the Officer-in-Charge, Police Station

Inspector In Charge
Kalimpong Police Station

Name: Shri Milan Sajan Rajan.
Rank: IC Kalimpong PS.
Number if any:

सेवामा

थाना प्रभारी, मल्ली O/P थाना कालिम्पोङ्ग।

विषय: गाडि दुर्घटना भएको सुचना

महाशय,

म मोहम्मद स्तार्क S/O मोहम्मद आलम मल्ली बजार निवासी जिः कालिम्पोङ्ग। यो जानकारी गराउन चाहन्छु कि आज ता: 8/4/25 को दिन समय अनुमानीब दिउसो 01:30 बजे तिर मल्ली देखी पिस्टा तर्फ गुइरहेको समय लाग्दै झोङ्गा नजदीब N.H 10 देखी उच्चो ठाउमा सेतो रंगको बुलेरो गाडि नं SK07 J 0113 पिस्टा नदी तर्फ झरेको थियो भनि त्यस गाडीमा रहेको 7/8 जना यात्री साथै गाडि को ड्राइभर सिकिस्त घाइते भएको थियो साथै त्यो गाडीको अघिल्लो भाग क्षति ग्रस्त भएको थियो म लगायत त्यहा रहेको स्थानीय मानीसहरु भनि पुलिसहरु ले तिनीहरु लाई त्यहाबाट निकालेर तिनीहरुको उपचार को निम्ति कालिम्पोङ्ग अस्पतालमा पठायो। शायद गाडि चालकको गफीलती को कारण यो घटना भएको हुनसक्छ।

त्यसैले हजुरलाई निवेदन गर्दछु कि त्यस घटनाको सहीक चाज जाच गरी व्यवस्था गरिदिनु हुन भनि।

भवदीय

मोहम्मद स्तार्क

मोबाइल नं

8617016385

Received on 08.04.25 at 21:15 hrs
vide KOG. P.S. G.D.E. NO. 359 dt. 08.04.25
duly forwarded by O/C, Malli out post and
Utantad Kalimpong P.S. case no. 60/25
dt. 08.04.2025 U/s 281/125(a)/125(b) of BNS
and endorsed to ASI. Sonam Lepcha of Malli O.P.
for its investigation.

08.04.2025
Inspector-In-Charge
Kalimpong Police Station

Received
on 08-04-25
at 20:25 Hrs
vide mell
no GDE No-160
dt 08-04-25 &
forwarded to
O/C Kalimpong
DS with a
request to
start a specific
case under
proper section
& law.

08.04.25
OFFICER-IN-CHARGE
MALLI OUT POST
PS. KALIMPONG

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 60/2025dtd. 08/04/2025 u/s 281/125(a)/125(b) of B.N.S.**
3. Date time and place of the accident	**08/04/2025 at 13.30 hrs on NH-10, near Lepchajhora, PS/Dist. Kalimpong.**
4. Name and full address of the Deceased & Injured	1. Saroj Tamang (32/M) *Driver S/O Mani Kr.Tamang of Sangsey Kaman, Kalimpong 2. Arghya Bhattacharjee (21/M) S/O Arup Bhattacharjee of Baje kumarpool, Purba Burdwan, 3. Shestha Pal(21/F) D/O Sanjoy Pal of Raipur Arambagh, Hooghly 4. Sathi Dey l(20/F) D/O Jagabandhu Dey of Arambagh, Hooghly 5. Arijita Roy (20/F) D/O Golok Roy of Mirga Arambagh 6. Tunai Bari(21/F) D/O Tanai Kr.Bari of Behrampur,Murshidabad 7. Subhadwip Mondal(21/M) S/O Kush kr.Mondal of Joyram Bati Arambagh 8. Mantu Ghorui(21/F) D/O Kartick Ghorui of Bara Dangal Arambagh 9. Sathi Mondal(21/F) W/O Debu Dey of Arambagh
5. Name of the hospital to which he/she was removed	**Kalimpong District Hospital.**
6. Registration number of vehicle and	**SK 07J- 0113 (BOLERO PLUS)**

the type of the vehicle	
7. Driving licence particulars	
(a) Name and address of the driver	**Saroj Tamang s/o Mani Kumar Tamang of Munsi Dhura, Sangsey, PS Lava, Dist. Kalimpong**
(b) Driving licence number and date of expiry	**WB 78 2015 0000768 Licence validity (Transport) 16- 01-2028.**
(c) Address of the issuing authority	**Licencing Authority, Kalimpong.**
(d) Badge No in case of public service vehicle	**N/A**
8. Name and address of the owner of The vehicle at the time of the accident.	**Saren Baraily** s/o Kumar Baraily of Rangli, Changeylakha, PS Rangli, East Sikkim.
9. Name and address of the insurance Company with whom the vehicle was Insured and the particulars of the :	**IFFCO-TOKIO General Insurance Co. Ltd.**
10. Number of insurance policy/ Insurance certificate and the Date of validity of the insurance Policy/insurance certificate: (i) Policy No:	**1-43182XKU** validity 10/11/2025 23.59.59 .
11. Registration particulars of the Vehicle (class of vehicle)	
(a) Registration No	**SK 07J- 0113**
(b) [Engine Number or Motor Number in the case of Battery	**GRJ4E78868**
(C) Chassis No.	**MA1XE2GRKJ5F34118**

12. Route permit particulars	**West Bengal and Sikkim**
13. Action taken. If any and the result	**Investigation proceeding.**

Submitted

10/04/2025

(ASI Samir Lepcha)
Melli OP, PS Kalimpong.

MELLI O.P. P.S. KPG 10536 KALIMPONG

SEIZURE LIST

PR No. 97/25

REF :- Kalimpong PS Case No 60/25 dt 08/04/2025 u/s 281/125(a)/125(b) of BNS.

1. DATE & TIME OF SEIZURE : On 17-04-2025 in between 10'52 hrs to 11.06 hrs
2. PLACE OF SEIZURE : Melli OP
3. FROM WHOM SEIZED : As produced by Saroj Tamang S/o Mani Kr Tamang of Sangsey Kaman, Rumtek Dhura PS Lava Dist. Kalimpong
4. NAME OF WITNESS :
   (I) Sonam Tamang 30 S/o Prem Kr Tamang of Sangsey Kaman Rumtek Dhura PS Lava Dist Kalimpong (M/No 6296384293)
   (II) C/1181 Samir Debnath of Melli OP under PS Kalimpong

Saroj Tamang

5. DESCRIPTION OF SEIZED ARTICLES :

one original Sewing Licence having D/L No WB 76 2015 0000768 in the name of Saroj Tamang S/o Mani Kr Tamang and valid(T) 16-01-2028 issued by L.A. Kalimpong

6. SIGNATURE OF WITNESS

   (I) Sonam Tamang

   (II) C/1181 Samir Debnath.

17/04/2025

SEIZED BY ME

(ASI Samir Lepcha)
Camped at Melli OP

PR NO94/25

SEIZURE LIST

REF :- Kalimpong PS Case NO - 60/25 dtd 08/04/2025 u/s 281/125(a)/125(b) of BNS

1. DATE & TIME OF SEIZURE : On 10-04-2025 in between 12.35 hrs to 12.39 hrs
2. PLACE OF SEIZURE : Near Melli bridge Naka point
3. FROM WHOM SEIZED : As shown and produced by SI Deepak Thapa O/C Melli OP under PS Kalimpong
4. NAME OF WITNESS :
   (I) CV 31 Kiran Thapa S/O Kumar Thapa
   (II) CV 245 Sanjok Thapa S/O Ganga Thapa
5. DESCRIPTION OF SEIZED ARTICLES :

One white colour Bolero vehicle bearing Regd. NO SK 07 J-0113 with key in front side damage condition.

SI Deepak Thapa

6. SIGNATURE OF WITNESS
   (I) CVF31 Kiran Thapa
   (II) CVF245 Sanjok Thapa

ASI Samir Lepcha
10/04/2025.

SEIZED BY ME
Camped at Near Melli bridge
Kalimpong

MELLI O.P. P.S. KPG KALIMPONG

SEIZURE LIST

PR NO-95/25

Kalimpong PS Case NO 60/25 dt 08/04/2025
U/S 281/125(a)/125(b) of BNS

1. DATE & TIME OF SEIZURE : DW 10/04/2025 in between 13.11 hrs to 13.30 hrs
2. PLACE OF SEIZURE : Melli O.P.
3. FROM WHOM SEIZED : As produced by Sabin Bhujel S/O Khimraj Bhujel of Rangli Changeylakha, PS Rangli East Sikkim.
4. NAME OF WITNESS :
   (I) Sabinay Rai S/O Til Bdr Rai of South Ribdi Rangli East Sikkim. (M/NO 7407307202)
   (II) C/983 Baidyanath Hansda of Melli OP under Kalimpong

10/4/25

5. DESCRIPTION OF SEIZED ARTICLES :

1, one original registration certificate having registration NO SK07J-0113 Dated Regn 17/09/2018, Chassis NO MA1XE2GRKJ5F34118 Engine NO GRJ4E78868 in S/O Sabin Bhujel issued by Registration Authority Pakyong.

2, one original Insurance certificate having Policy NO 1-43182XKU P400 Policy # N1309310 Validity 11/11/2024 14.11.14 to 10/11/2025 23:50:50 issued by IFFCO-TOKIO General Insurance CO. LTD

3, one original courier sequence for contract carrier Permit. ~~Permit~~ NO C.S.NO 2280/2024/CCP Dt 23/04/2024 in S/O SK07J-0113 valid upto 22/04/2025.

4, One Authorisation Letter

5. Certificate of fitness Application NO SK24111366891432, Certificate will expire on 01.Dec.2026

6. One original PUCC Validity 02/04/26

6. SIGNATURE OF WITNESS

(I) 10/04/25.

(II) C/983 Baidyanath Hansda

10/04/2025
ASI Samir Lepcha
SEIZED BY ME
Compared at Melli O.P.

IFFCO-TOKIO

IFFCO-TOKIO GENERAL INSURANCE CO.LTD

Regd. Office :IFFCO Sadan C1 Distt. Centre, Saket, New Delhi - 110017

POS - COMMERCIAL VEHICLE CERTIFICATE OF INSURANCE cum SCHEDULE & TAX INVOICE

Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

UIN: IRDAN106P0005V01200607

Servicing Office

Service Office : IFFCO TOKIO GEN INS CO LTD Kashi Kant Building Top floor opposite to Central Bank Gairl Goue Tadong East Sikkim

EAST SIKKIM SIKKIM
737102 INDIA
General Insurance Services: **997134**
GSTIN : 11AAACI7573H1ZP
Phone #: NA NA
Agent Name: NEOPANEY, GAURAV
Agent #: ZPJ00039
Agent Mobile #: 9933518992

SAREN BARAILY

Address: **RONGLI CHANGEYLAKHA**
EAST DISTRICT SIKKIM
INDIA
Pin Code 737106

Phone #: XXXXXXX524 **CKYC #:** XXXXXXX **Cover Note #**
State Code: 11 Place Of Supply: SIKKIM **GSTIN**
Country INDIA **UIN**

Policy #: 1-43182XKU P400 Policy # N1309310
Tax Invoice No: 1-4318ZXKU
Invoice/Issuance Date: **11/11/2024 19:28:45**
Period of Insurance From: **11/11/2024 19:11:14**
To: Midnight On **10/11/2025 23:59:59**
Geographical Area: **Within India Only**
Status Check : **Inforce**

Insured Motor Vehicle Details & Premium Calculation

Registration Mark & No.	Year of Manuf.	Vehicle Name	CC	Coverage	IDV in Rs.	Non Elect. Acc.	Engine No.	Licensed Carrying Capacity	GVW
		M&M BOLERO PLUS					GRJ4E78868		
		Make of Vehicle					Chassis No.		
SK07J0113	2018	ICV CLASS C.2 CARRYCAPACITY 9	2523	Package	443500	Non Electrical Accessories are not covered as its value is 0	MA1XE2GRKJ5F34118	9	

Registration Authority

Vehicle	Trailer	Elec./Elect. Acc.	Bi-Fuel Kit	Total Value	Net Premium Rs.
443500.00	0.00	0.00	0	443500.00	32800.46

A. Own Damage (Rs.)		B. Third Party (Rs.)	
Basic OD Premium	5268.00	Basic TP Premium	21359.00
Basic Trailers OD Premium	0.00	Basic Trailers TP Premium	0.00
Electrical /Electronics Accessories (IMT24)	0.00	Bi Fuel Kit (IMT 25)	0.00
Bi Fuel Kit (IMT 25)	0.00		
Fiber Glass Fuel Tank	0.00		
Add:		Add:	
Geographical Area Extension (IMT 1)	0.00	Geographical Area Extension (IMT 1)	0.00
Overturning Extensions(IMT 47)	0.00	PA Owner Driver CSI Rs 1500000	330.00
Hire Reward/Commercial Usage (IMT 44)	0.00	Legal Liability to Driver (IMT 28)	50.00
IMT 23	790.00	LL to Non Fare Paying PAX (IMT 37)	(0) 0.00
Driving/Tuitions	0.00	LL To PAX on Ambulance/Hearses (IMT 46)	0.00
Foreign Vehicle Loading (IMT 19)	0.00	LL to Employee (IMT29)	(0) 0.00
IMT 34	0.00	PA to Passenger (IMT 16)	0.00
IMT 36	No	IMT 34	0.00
IMT 42		IMT 42	
IMT 43	0.00		
Additional Loading			
Less:		Less:	
Anti Theft Device (IMT 10)	0.00		
Handicap Discount (IMT 12)	0.00		
Vehicle User (IMT 13)			
No Claim Discount	(0.0 %)		
Net (A)	6058.00	Net (B)	21739.00
Co-Insurance Details	Agent No./Share	Premium/Taxable Value RS.	27797.00
Co-Insurer 2	No Co-Insurer	Gross Premium Payable Rs.	32800.46

Insurance Cover	SAC	Taxable Value(Rs.)	GST Rate(%)			GST Amount(Rs.)			Gross Premium Payable(Rs.)
			CGST	SGST/UTGST	IGST	CGST	SGST/UTGST	IGST	
GST Details	997134	27797.00	9.00	9.00		2501.73	2501.73		32800.46
Third Party(For Goods Class)	997134	0.00							0.00
Total		27797.00				2501.73	2501.73		32800.46

"Whether GST is Payable on Reverse Charge Basis – No"

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Liability shall be subject to the law laid down in the Motor Vehicle Act,1988, as amended from time to time

The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.

I hereby confirm and declare that above-mentioned identification details of My Vehicle No. **SK07J0113** as well as that of damage to the vehicle as noted during the pre-inspection are correct. Nothing has been Hidden/ undisclosed. I also agree that the damages mentioned above shall be excluded /adjusted in the event of any claim being logged.

Under Hire Purchase /Hypothecated/Lease Agreement with **NA** | Nominee: **(DUMMY),**

Subject to IMT Endorsement Nos. **, 21, 23, 28** Printed herein / attached hereto

Limitation as to use : Passenger Carrying Vehicles - Class C :: Use only in Connection with insured's business. Use only for carriage of passengers in accordance with the permit (Contract Carriage or Stage Carriage) instead within the meaning of the Motor Vehicles Act

The Policy does not Cover: (1) Use for Organized racing, pace making, reliability trail or speed testing. (2) Use whilst drawing a trailer except the towing (other than reward) of any one disabled mechanically propelled vehicle. (3) Use for the Conveyance of passenger for hire or reward by any person to whom the Motor Vehicle is hired. Private Car type vehicles let out on private hire and driven by hirer or any driver with hire permission.(4) Use for the conveyance of passenger for hire or reward, other than the guests of hotel. Private Car type vehicles owned by hotels and hired by them to their guests.

Driver Clause: Any person including insured: provided that the person driving holds and 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.

The preceding year 20 % | Preceding two consecutive year 25% | Preceding three consecutive year 35% | Preceding four consecutive year 45% | Preceding five consecutive year 50%

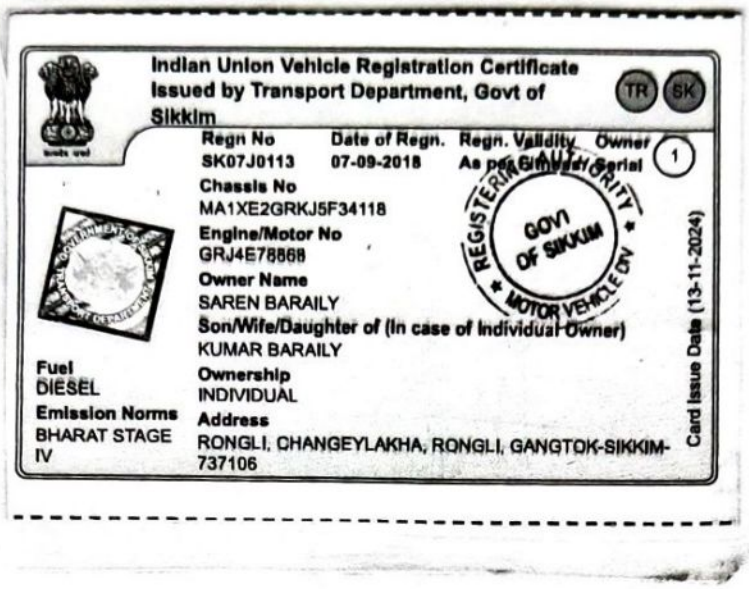
Exclusion: Losses or damages caused directly or indirectly due to any infectious or contagious disease, pandemic /epidemics as declared by WHO and / or Government of India will be an exclusion under this policy.

No claim bonus will only be allowed, provided the policy is renewed within 90 days of the expiry date of the previous policy

Please note that the above premium is likely to be changed with effect from 1.5.2022 in respect of Third Party section of the policy as per IRDA guidelines as well as Service Tax. In case the premium rates and Service Tax are revised you are

Validity unknown
Digitally signed by GUNASEKHAR BOGA
Date: 2024.11.11 19:29:25 IST
Reason: Valid Policy Copy
Location: IFFCO Tokio General Insurance Company Ltd, India

FOR QCS/CLAIMS CALL 1800 103 5499(Toll Free),0124-4285499 or SMS "CLAIM" to 56161



Indian Union Vehicle Registration Certificate
Issued by Transport Department, Govt of Sikkim

TR SK

Regn No	Date of Regn.	Regn. Validity	Owner
SK07J0113	07-09-2018	As per Bh/Vaa/ Serial	1

Chassis No
MA1XE2GRKJ5F34118

Engine/Motor No
GRJ4E78668

Owner Name
SAREN BARAILY

Son/Wife/Daughter of (In case of Individual Owner)
KUMAR BARAILY

Fuel
DIESEL

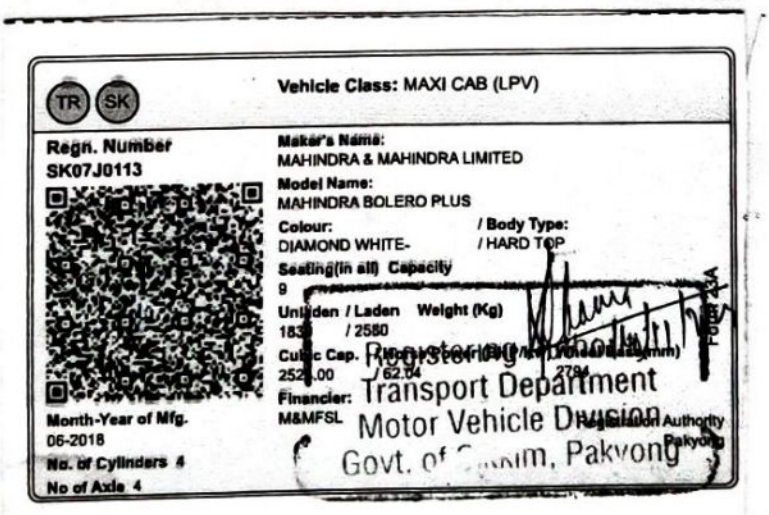
Ownership
INDIVIDUAL

Emission Norms
BHARAT STAGE IV

Address
RONGLI, CHANGEYLAKHA, RONGLI, GANGTOK-SIKKIM-737106

REGISTERING AUTHORITY * GOVT OF SIKKIM * MOTOR VEHICLE DIV

Card Issue Date (13-11-2024)



TR SK

Vehicle Class: MAXI CAB (LPV)

Regn. Number
SK07J0113

Maker's Name:
MAHINDRA & MAHINDRA LIMITED

Model Name:
MAHINDRA BOLERO PLUS

Colour: DIAMOND WHITE-
/ Body Type: / HARD TOP

Seating(in all) Capacity
9

Unladen / Laden Weight (Kg)
1835 / 2580

Cubic Cap. 2523.00 / 62.04

Financier: M&MFSL

Month-Year of Mfg.
06-2018

No. of Cylinders 4

No of Axle 4

Registering Authority
Transport Department
Motor Vehicle Division
Govt. of Sikkim, Pakyong

Form 23A

TRANSPORT DEPARTMENT, GOVT OF SIKKIM

[Sub Rule (2) of rule 39]

Pakyong

FORM 38

[See Rule 62(1)]

CERTIFICATE OF FITNESS

(Applicable in the case of transport vehicles only)

Vehicle No: SK07J0113(Maxi Cab) is certified as complying with the provisions of the Motor vehicles Act, 1988 and the rules made there under.

Registration No	: SK07J0113
Application No	: SK24111366891432
Inspection Fee Receipt No	: SK7D241100000088
Receipt Date	: 13-Nov-2024
Chassis No	: MA1XE2GRKJ5F34118
Engine No	: GRJ4E78868
Seating Capacity	: 9 (Including Driver)
Type of Body	: HARD TOP
Manufacturing Year	: 2018
Category of Vehicle	: LPV
Inspected on	: 13-Nov-2024
Certificate will expire on	: 01-Dec-2026
Next Inspection Due Date	**: 03-Oct-2026**
Printed on	: 13-Nov-2024 15:17:57

Inspected by **(SONAM TOPDEN BHUTIA)**

Signature of Inspecting Authority
Pakyong

Motor Vehicles Inspector(Tech)
Transport Department
M.V. Division
Pakyong, District

GOVT. OF SIKKIM

GOVERNMENT OF WEST BENGAL
STATE TRANSPORT AUTHORITY, SILIGURI SUB-OFFICE
1ST Floor, Tenzing Norgay Central Bus Terminus, Siliguri
Email: stasiligurisuboffice@gmail.com, Phone No.0353-2778930

COUNTERSIGNATURE FOR CONTRACT CARRIAGE PERMIT

C.S.No.**2280/2024/CCP** Date: 23.04.2024

Ref. :Recommendation/Authorization No : GOS/MVD/T/2023-24/2531A Dated .28.02.2024 of Transport Department, STA, Govt. of Sikkim.

Vehicle No :SK07J0113

Permit No.SK07J0113 valid upto 05.09.2028 of MR/MRS .SAREN BARAILY authenticated by the Secretary ,STA,Sikkim.

With reference to Reciprocal Transport Agreement vide No. 2335-WT/7E-773/2014(Pt) dated 5th July, 2022 executed between State of West Bengal and Sikkim, Countersignature is hereby granted (Subject to the validity of permit and other related documents)valid upto **22.04.2025.** to ply passengers all over West Bengal excluding Restricted / Notified Areas.

OFFICE OF THE JOINT SECRETARY * Govt. of West Bengal * Transport Authority Siliguri

Joint Secretary,
STA, SiliguriSub-Office

SANJIB ROY
AUTOMOBILE ENGINEER,
MECHANICAL EXPERT

C/o. NIRMALA NALINI
PANPARA, P.S. KOTWALI
DIST. JALPAIGURI
Pin - 735101 (W.B.)

MECHANICAL EXAMINATION REPORT

Date : 11/04/2025.

Ref No. Melli OP DR NO - 216/25 dt- 10/04/2025

Case No./M.A Case No. and Date :- Kalimpong PS C/NO - 60/25 dt- 08/04/25 U/S - 281/125(a)/125(b) BNS

Name and designation of the Motor Vehicle Inspector/Expart : Sanjib Roy, Mechanical Expert.

Venue and Date of Examination : Mellion Post Compound under PS Kalimpong on 11/04/2025

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

a. Make — Mahindra & Mahindra Ltd.

b. Type — Bolero Plus.

c. Model — 2018.

d. Registration Number — SK07J 0113.

e. Chassis Number — MA1XE24RKJ5F34118.

f. Engine Number — GRJ4E78868.

g. Colour — Diamond White.

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

2. 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)

Engine hood/W/S glass with frame/Cooling system/Filter assy/Lighting system wiper m/c assembly/front suspension damaged.

c. Any other point of interest

Chassis are required to be checked after disassembling.

11/04/2025

SANJIB ROY
Mechanical Examiner
Automobile Engineer
Redg. No. 029700-3

3. Condition of Brakes (Please attach Photograph) :-

a. Are the brakes OK? Yes ☑ No. ☐

b. Are they worn out? Yes ☐ No. ☑

c. Whether the brakes show wear and tear due to sudden application of the brakes at the time of accident? Yes ☐ No. ☑

d. Are there sings of brake failure which could have lead to the accident ? Yes ☐ No. ☑

4. Condition of Tyres (Please attach Photograph) :-

a. Do the tyres conform to the standards stipulated in MV act 1988? Yes ☑ No. ☐

b. Are the tyres worn out or resoled? Yes ☐ No. ☑

c. Do the tyres reveal any make of skidding due to sudden deceleration by observing the wear and tear and the groove pattern? Yes ☐ No. ☑

d. Can the condition of the tyres be held responsible for the extra distance covered ever after braking? Yes ☐ No. ☑

e. Were the tyres found punctured? If yes specify whether before or after the accident collision? Yes ☐ No. ☑

5. Condition of Gears :-

a. Whether the gear lever, gear pinion, gear handle and clutch wire in flexible state at the time of accident? Yes ☑ No. ☐

b. Whether these parts are in sufficiently lubricated condition? Yes ☑ No. ☐

6. Condition of Steering :-

a. Whether steering is adequately mobile? Yes ☑ No. ☐

b. Whether the tie rod is in perfect working condition? Yes ☐ No. ☑

7. Condition of Head Light's :-

a. Whether the Head Light / Fog Light/ Indicator of the vehicle are in working condition? Yes ☐ No. ☑

b. If not, is the same due to accident or were faulty even before the accident? Yes ☐ No. ☐

8. Condition of battery :-

a. What is the Condition of battery?

Battery is not in working Condition

11/04/2025

SANJIB ROY
Mechanical Examiner
Automobile Engineer
Redg. No. 029700-3

9. 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. ☐

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

11. Condition of Speed Governors (Attach Photographs) :-

a. Whether speed governor have been installed? Yes ☑ No. ☐

b. Are they to operational condition? Yes ☑ No. ☐

c. Have they been tampered with? Yes ☐ No. ☑

12. Condition of the Wipers :-

a. Were the Wiper operational prior to accident as can be ascertained from the present condition? Yes ☑ No. ☐

13. Whether EDR (Event Date Recorder) present or not? Yes ☐ No. ☐

14. Whether the joining points of the Axles of the vehicle with the wheels are in proper condition or not? Yes ☐ No. ☑

15. Overloading :-

Was the vehicle overloaded? if yes, further remarks.

Not Known.

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

From the technical point of view it appears to me that the accident occured due to others than technical failure.

Date and time of Examination of the Vehicle :

11-04-2025 at about 11:00 A.m

Signature of the Mechanical Expert

11/04/2025

SANJIB ROY
Mechanical Examiner
Automobile Engineer
Redg. No. 029700-3

Photographs the Accidental vehicle having Reg. No:- SK07J0113:-

11/04/2025
SANJIB ROY
Mechanical Examiner
Automobile Engineer
Redg. No. 029700-3

11/04/2025
SANJIB ROY
Mechanical Examiner
Automobile Engineer
Redg. No. 029700-3

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... Swaraj Tamang .....

Age ..... 34 .....yrs, Sex..... M ..... Religion.....

I.D. Mark .....

2. Father's Name/Husband's Name .....

3. Full Address ..... Sangsay, PS+P.O + Dt = Kalimpong .....

4. Brought by (Name, Relation, Address) ..... Sinta Murdal .....

5. Date and time of injury sustained ..... 8/4/25 at 1:30 Pm .....

6. Address of the place of incidence / occurrence..... Near Tepcra Thorey .....

7. Brief history of the case as stated by the patient / party ..... R/A — Then Car fall in side of the road. .....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ..... 88 ..../ mint, Respiration ..... 18 ..mint, B.P. .....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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)..... Forehead cut injury & Blunt trauma chest .....

4. Number of such injury..... One .....

5. Size of each injury in inches (length x breadth x depth) ..... 3 cm x 4 cm .....

6. Whether Old/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 .....

Dated : 8 / 4 / 25

Time : 2 am/pm
2:30 PM

Madhusudan Pd
Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) SATHI DEY

Age 21 yrs, Sex F Religion H

I.D. Mark

2. Father's Name/Husband's Name

3. Full Address

4. Brought by (Name, Relation, Address)

5. Date and time of injury sustained 8/4/25 at 1:30 PM

6. Address of the place of incidence / occurrence Mueli Lepcha D'Jhora

7. Brief history of the case as stated by the patient / party R.T.A → Their car fall on side of road and sust trauma to head & chest (??)

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse 90 / mint, Respiration 18 mint, B.P. 110/80 mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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) Trauma to head / Chest.

4. Number of such injury No defunit visible injury

5. Size of each injury in inches (length x breadth x depth)

6. Whether Old/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

Dated 8/4/25
Time : 2:30 am/pm

Madhusudan Pal
Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... SATHI MONDAL .....

Age ..... 22 ..... yrs, Sex ..... (F) Religion ..... H .....

I.D. Mark .....

2. Father's Name/Husband's Name ..... Sintu mondal .....

3. Full Address ..... Araambagh ..... Netaji ..... Mahabidyalay .....
..... P.O – Araambagh, Dt – Hooghly. .....

4. Brought by (Name, Relation, Address) .....
.....

5. Date and time of injury sustained ..... 8/4/25 at 1.30 p.m. .....

6. Address of the place of incidence / occurrence ..... Near ..... Lepcha .....
..... Jhar .....

7. Brief history of the case as stated by the patient / party .....
..... RTA — Their car fall aside of the road. .....
..... case .....
.....
.....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ... 90 .... / mint, Respiration ... 19 ... mint, B.P. ..... 120/80 ..... mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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) .....
..... ? Blunt injury head & Lt leg .....

4. Number of such injury ..... two .....

5. Size of each injury in inches (length x breadth x depth) .....
..... — No cut injury .....
.....

6. Whether Old/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 .....
.....

Dated : 8/4/25
Time : 2.30 am/pm

Madhusudan Pal
Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... Shreyasha Pal .....

Age ....22....yrs, Sex....(F)..... Religion....H.....

I.D. Mark .....

2. Father's Name/Husband's Name ..... Sanjoy Pal .....

3. Full Address ..... Arambagan, Netaji Maharidayam, Arambagan .....

4. Brought by (Name, Relation, Address) ..... Sister monday, Self .....

5. Date and time of injury sustained ..... 8/4/25 at 1:30 pm .....

6. Address of the place of incidence / occurrence..... Near Lepchajhora .....

7. Brief history of the case as stated by the patient / party ..... RTA coming from Tea Garden, fall with left side of the Road .....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ....90...../ mint, Respiration .....mint, B.P. .....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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)..... Trauma to L leg .....

4. Number of such injury.....

5. Size of each injury in inches (length x breadth x depth) .....

.....

.....

6. Whether Old/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 .....

.....

Dated 8.../4.../.....25.....
Time :..... am/pm
2:30

Madhusudan Pr
Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) Tunai Bosir

Age 22 yrs, Sex.................. Religion..................

I.D. Mark ....

2. Father's Name/Husband's Name Tanmoy Basir

3. Full Address Arambagh Wapuri Maha Vidyalaya

4. Brought by (Name, Relation, Address) Sirin mondal Same address

5. Date and time of injury sustained 8/4/24 at 1:30 PM

6. Address of the place of incidence / occurrence..................

7. Brief history of the case as stated by the patient / party ....
RTA — then car fall into side of the Road

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse 88 / mint, Respiration 17 mint, B.P. ....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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)..................
No injury

4. Number of such injury..................

5. Size of each injury in inches (length x breadth x depth) ....

6. Whether Old/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..................

Madhusudan Pal
Signature of the Medical Officer
(Full Name In Block Letters)

Dated : 8 / 4 / 25
Time : 2:30 am/pm

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... Anghya Bhattacharya .....

Age ....22....yrs, Sex.....M..... Religion.....H.....

I.D. Mark .....

2. Father's Name/Husband's Name ..... Arup Bhattacharya .....

3. Full Address ..... V.& P.O. Bajekumar, Purba Bardhaman .....

.....

4. Brought by (Name, Relation, Address) ..... Smt. Anuday .....

..... Araambagh .....

5. Date and time of injury sustained ..... 8/4/25 at 1.30 pm .....

6. Address of the place of incidence / occurrence .....

..... Melli Lepcha Jhora .....

7. Brief history of the case as stated by the patient / party .....

..... Car fell down in Deep .....

..... Of Road .....

.....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ....90..../ mint, Respiration .....mint, B.P. .....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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).....

..... Trauma to head and leg. .....

4. Number of such injury.....Nil..... CT / X-ray - N

5. Size of each injury in inches (length x breadth x depth) .....

..... No cut inj. .....

.....

6. Whether Old/Fresh.....No, 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.....

.....

Dated : 8./ ....4..... /25.

Time :..... am/pm

2.30

Madhumita Pal

Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... Manju Ghorui .....

Age ....22....yrs, Sex.....(F)..... Religion.....H.....

I.D. Mark .....

2. Father's Name/Husband's Name ..... Manick Ghorui .....

3. Full Address ..... Arambagh Mana Vidyalaya .....

.....

4. Brought by (Name, Relation, Address) .....

..... Bintu Mondal .....

5. Date and time of injury sustained ..... 8/4/25 at 1:30 pm .....

6. Address of the place of incidence / occurrence.....

..... Melli Lepcha Thana .....

7. Brief history of the case as stated by the patient / party .....

..... RTA Car to fell down. .....

.....

.....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ..90...../ mint, Respiration .....mint, B.P. .....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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).....

..... No Major injury .....

4. Number of such injury.....

5. Size of each injury in inches (length x breadth x depth) .....

.....

..... No injury .....

6. Whether Old/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.....

.....

Dated : 8./ 4 / 25

Time :..... 2:30 am/pm

Madhusudan Das

Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... Subhadip Munda .....

Age ..... 22 yrs, Sex ..... Religion .....

I.D. Mark ..... ✓ .....

2. Father's Name/Husband's Name ..... Kush Munda .....

3. Full Address ..... Arambagan, Netaji Mahavidyalay .....

.....

4. Brought by (Name, Relation, Address) .....

..... Sinta Munda .....

5. Date and time of injury sustained ..... 8/4/25 at 1:30 AM .....

6. Address of the place of incidence / occurrence .....

..... Meeli Lepcha Thara .....

7. Brief history of the case as stated by the patient / party .....

..... RTA - Car fell down suddenly .....

..... Side of the Road .....

.....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ..... 90/M mint, Respiration .....mint, B.P. .....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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) .....

..... NO injury .....

4. Number of such injury .....

5. Size of each injury in inches (length x breadth x depth) .....

.....

..... No injury .....

6. Whether Old/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 .....

.....

Dated : 8/4/25

Time : 1:30 am/pm

Madhumita Pal

Signature of the Medical Officer
(Full Name In Block Letters)

GORKHALAND TERRITORIAL ADMINISTRATION
DISTRICT HOSPITAL, KALIMPONG
INJURY REPORT

PART - I

1. Full name (in block letters) ..... Arijita .....

Age .....21.....yrs, Sex..... Religion.....

I.D. Mark .....

2. Father's Name/Husband's Name .....?.....

3. Full Address .....

.....

4. Brought by (Name, Relation, Address) ..... Smt Mamata .....

..... Ayambagh .....

5. Date and time of injury sustained ..... 8/4/25 at 1:30 p.m .....

6. Address of the place of incidence / occurrence.....

..... Melli Lephanthem .....

7. Brief history of the case as stated by the patient / party .....

..... Car fell down into side .....

..... of the road .....

.....

(Signature / LTI of the patient / party)

OPINION OF THE MEDICAL OFFICER

PART - II

1. General Condition: Pulse ....90..../ mint, Respiration .....mint, B.P. .....mmHg

Conscious/Semiconscious/Unconscious/Stupurous/Orinted/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).....

..... No injury .....

4. Number of such injury.....

5. Size of each injury in inches (length x breadth x depth) .....

.....

..... No injury .....

6. Whether Old/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.....

.....

Dated : 8.../ 4../ ..25....
Time :..... am/pm
2:30

Madhumita Pal
Signature of the Medical Officer
(Full Name In Block Letters)

UNION OF INDIA **Driving Licence**

WB78 2015 0000768

Date of Issue
26-05-2015

Validity
NT 16-01-2033
T 16-01-2028

Date of Birth
10-06-1992

Blood Group
A+

Name
SAROJ TAMANG

Father's Name
MANI KUMAR TAMANG

WB78 2015 0000768

LMV	LMVCAB
26-05-2015	03-02-2017

Present Address
MUNASI DHURA SANGASER,
KALIMPONG,
SANGSER
KHASMAHAL,KALIMPONG,WB,734315

Holder's Signature

Mobile No.
******3501

Endorsement Date
17-01-2023

Endorsement No.
WB78 /DLR/0000070/2023

Issuing Authority
L.A. KALIMPONG

Form 7 Rule 16(2)