FORM 54

[Refer Rule 150(1) and (2)]

ACCIDENT INFORMATION REPORT

1. Name of the police station .....
2. FIR No./CR No./Traffic accident report .....

2A. Sections applied : IPC.....;
MV Act: .....

3. Date, time and place of accident .....
4. Name and full address of the injured/deceased .....
5. Name of the hospital to which he/she was removed .....
6. Registration number of vehicle and the type of the vehicle .....
7. Driving licence particulars : .....
   (a) Name and address of the driver .....
   (b) Driving licence number and date of expiry .....
   (c) Address of the issuing authority .....
   (d) Badge No. in case of public service vehicle .....
8. Name and address of the owner of the vehicle at the time of the accident .....
9. Name and address of the insurance company with whom the vehicle was insured and the particulars of the divisional office of the said insurance company .....
10. Number of insurance policy/insurance certificate and the date of validity of the insurance policy/insurance certificate .....
11. Registration particulars of the vehicle (class of vehicles) .....
    (a) Registration No. .....
    (b) Engine No. or motor number in the case of Battery Operated Vehicles .....
    (c) Chassis No. .....
12. Route permit particulars or, Licence of use particulars .....
13. Action taken, if any, and the result thereof .....