

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