

6. Complainant / Informant (शक्रायतकर्ता/सूचनाकर्ता):

(a)Name (नाम): Dharmendrasingh Rajaram Dagor

(b)Father's/Husband's Name(Father / Husband का नाम) :

(c)Date/Year of Birth (जन्म तथि/ वर्ष):

(d) Nationality (राष्ट्रीयता): INDIA

(e)UID No. (यूआईडी सं.):

(f) Passport No.(पासपोर्ट सं.):

Date of Issue (जारी करने की तथि):

Place of Issue (जारी करने का स्थान):

(g)Occupation (व्यवसाय): EMPLOYED IN PRIVATE FIRMS

(h)Address (पता):

S.No.(क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	Present Address	Ambe Hospital Quaters,Umargaon,UMARGAON,VALSAD,GUJARAT,INDI
2	Permanent Address	Ambe Hospital Quaters,Umargaon,UMARGAON,VALSAD,GUJARAT,INDI

(i)Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-9662327124

7. Details of known/suspected/unknown accused with full particulars (ज्ञात / संदग्धि / अज्ञात अभयिक्त का पूरे ववरण सहति वर्णन):

S.No.	Name (नाम)	Alias (उपनाम)	Relative's Name	Present Address
1	Surajsingh Jadavsingh Jat			

8. Reasons for delay in reporting by the complainant/informant (शक्रायतकर्ता / सूचनाकर्ता द्वारा रपिर्ट देरी से दर्ज कराने के कारण):

9. Particulars of properties of interest (संबन्धति सम्पत्तिका ववरण):

S.No. (क्र.सं.)	Property Category (संपत्तशिरेणी)	Property Type (सम्पत्तिका प्रकार)	Description (ववरण)	Value(In Rs/-) (मूल्य (रु में))
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10. Total value of property stolen (In Rs/-)

(चोरी हुई सम्पत्तिका कुल मूल्य (रु में)):

11. Inquest Report / U.D. case No., if any (मृत्यु समीक्षा रपॉर्ट / यू०डी०प्रकरण सं., यदि कोई हो):

S.No. (क्र.सं.)	UIDB Number (यू०डी०प्रकरण सं.)
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12. First Information contents (प्रथम सूचना तथ्य):

On 22/12/2012, I was present on my house, at that time at around, 2200 hours, I received a call on my mobile from Cottage hospital silvassa. He asked me regarding the mobile number through which i have received a call, so i informed that he is my brother in law namely S P Singh. The staff of Cottage hospital informed that the owner of the mobile phone has meet with accident near petrol pump, athola and cause greivous head injuries. The said person is admitted in hospital, and he is serious. You immediately come to hospital, so i had gone cottage hospital from umargaon. On that time my brother in law, Mr Surajpal singh Jat, age approx 48 was referred to Haria hospital, Vapi in ambulance for further treatment, who died on 23/12/2012 at 0530 in morning.

On 22/12/2012, My brother in law surajsingh jat had gone on his duty at silvassa and after completing his duty was returning to his home on his motorcycle (without registration no.) at that time around 20.00 hours, near petrol pump athola his motorcycle slipped due to which he sustain greivous head injuries and had died while under treatment in Haria Hospital, Vapi. the persons named above are my witnesses.

13.Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2.

(की गयी कार्यवाही : चूंकि उपरोक्त जानकारी से पता चलता है कि अपराध करने का तरीका मद सं. 2 में उल्लेख धारा के तहत है |)

(1)Registered the case and took up the investigation: (प्रकरण दर्ज किया गया और जांच के लिए लिया गया): or (या)

(2)Directed (Name of I.O.) (जांच अधिकारी का नाम):

Rank (पद):

No.(सं.): to take up the Investigation (को जांच अपने पास में लेने के लिए निर्देश दिया गया) or (या)

(3)Refused investigation due to (जांच के लिए):

or (के कारण इंकार किया या)

(4)Transferred to P.S.(थाना):

District (ज़िला):

on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant,admitted to be correctly recorded and a copy given to the complainant / informant free of cost. (शिकायतकर्ता / सूचनाकर्ता को प्रथमकी पढ़ कर सुनाई गयी, सही दर्ज हुई माना और एक कॉपी नशिल्क शिकायतकर्ता को दी गयी |)

R.O.A.C.(आर. ओ .ए .सी.)

14.Signature/Thumb impression of the complainant / informant.(शिकायतकर्ता / सूचनाकर्ता के हस्ताक्षर / अंगूठे का नशान):

15.Date and time of dispatch to the court (अदालत में प्रेषण की दिनांक और समय):

Signature of Officer in charge, Police Station (थाना प्रभारी के हस्ताक्षर)

Name (नाम):

Rank(पद):

No.(सं.):

Attachment to item 7 of First Information Report (प्रथम सूचना रिपोर्ट के मद 7 संलग्नक):

Physical features, deformities and other details of the suspect/accused: (If known / seen)

(संदर्भित / अभियुक्त की शारीरिक विशेषताएँ, वक्तव्य और अन्य विवरण : (यदि ज्ञात / देखा गया))

S.No.(क्र.सं.)	Sex (लिंग)	Date/Year of Birth (जन्म तिथि/ वर्ष)	Build (बनावट)	Height(cms.) (कद (सेमी))	Complexion (रंग)	Identification Mark(s) (पहचान चिह्न)	
1	2	3	4	5	6	7	
1	Male						
Deformities/ Peculiarities (वक्तव्य/ वशिष्टताएँ)		Teeth (दाँत)	Hair (बाल)	Eyes (आँखें)		Habit(s) (आदतें)	Dress Habit(s) (पहनावा)
8		9	10	11		12	13
Language /Dialect (भाषा/बोली)	Place Of (का स्थान)					Others (अन्य)	
	Burn Mark (जले हुए का निशान)	Leucoder ma(लुकोदेर्मा (सफ़ेद धब्बे))	Mole (मसूसा)	Scar (घाव)	Tattoo (गूदे हुए का)		
14	15	16	17	18	19	20	

These fields will be entered only if complainant/informant gives any one or more particulars about the suspect/accused.