### NATIONAL COUNCIL FOR ROAD SAFETY

### HIT & RUN ROAD TRAFFIC ACCIDENT VICTIMS

#### **Inquiry officer's report(INQ/2)**

(Inquiry should be completed within 30 days)

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									INQ	Ref.No	).							
														(For o	office u	ise onl	y)	
NRSS Registration No.:																		
Titles Registration 110					(For o	office u	ise onl	y)										
INQ/Section- A								•										
Inquiry officer's particulers																		
A.1. Name:						1							1		1	1		1
A.2. Address:																		
				4					4			4						
A.3. Telephone No.										_								
Home:																		
										•								
Office:																		
			I.	<u> </u>		I		I.	1	ı								
A.4. NRSS Registration No.:																		
71.4. THOS Registration 110			<u> </u>		<u> </u>	<u> </u>		<u> </u>					<u> </u>		<u> </u>	<u> </u>		
A.5 Rank of Inquiry officer:																		
71.5 Kank of inquity officer.	•••••	•••••	• • • • • • •					•••••	• • • • • • • • • • • • • • • • • • • •		•••••		•••••			•••••	•••••	•
A.5. Police Division:																		

INQ/SEC	CTION -	-B-Ap	plicati	ion pa	<u>rticule</u>	ers															
B.1. Clair	m Applio	cation 1	Ref. N	o.:							]										
B.2. Class	s of Acc	ident:			_								-								
		Deatl	h:		]			Griev	ous In	jury:											
D 2 N	CD	1/	<i>C</i> :																		
B.3 Name	e of Dec	eased/	Grievo	ous Inj	ured:																
B.4. Nam	e of Cla	imant /	/Agent	:	I	ı	ı	1	ı	1	1	1	l		I	I	I	I	1	1	
		<u> </u>						<u> </u>													
Address:																					
D. T. C.																					
B.5. Cont	act Tele	phone	No.	Dece	ased / l	Injure	1						Claim	ant/A	rent						
Home:				Dece	dscd / .	Injured							Ciaiii	and Tig	Sciit						
		1						1			_			<u>I</u>	ı		ı	ı			<u>I</u>
Office:																					
INQ/SEC	CTION -	<u>- C - C</u>	CLAIN	M APF	<u> LICA</u>	TION	INQ	UIRY(	To be	filled	by Inc	quiry (	<u>Officer</u>	<u>)</u>							
CAF – SI	ection	VI 1	INEC	)DMA	TION	DEC	A DDG	S DEC	E A CE	D /ani	ovous	iniunE	ים חי	DCON	r						
CAF - SI	ECTIO	<u> </u>	· INF	<u> </u>	TION	KEG	AKDS	<u>DEC</u>	LASE	D/gH	evous	<u> IIIJUI E</u>	<i>D</i> FE	NSUN	<u>.</u>						
1.1 CC	ORREC'	Т			INC	ORRE	ЕСТ			INSU	J <b>FFIC</b>	CIENT	1			NOT	REL	EVEN	ЛТ		
1.2 CC	ORREC	Т			INC	ORRE	ЕСТ			INSU	J <b>FFIC</b>	CIENT	1			NOT	REL	EVEN	ЛТ		
1.2	)DDEC	т		1	INIC	\DDF	CT		1	INICI	IDDIC	TIENT	1			NOT	DEL	CVCN	īT		ء ا

1.4	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.5	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.6	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.7	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.8	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.9	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.10	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.11	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.12	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
1.13	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
	With regards to the information The findings from my inqui	ation provided under CAF Seiry are as follows.	ection – 1, I am satisfied	Not Satisfied
			Sign	nature
	-SECTION 2 CIDENT PARTICULARS			
2.1	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
2.2	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
2.3	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT 3

2.4.1 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.4.2 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.4.3 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.4.4 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.4.5 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.5 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.6 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.7.1 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.7.2 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.7.3 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.7.4 CORRECT		INCORRECT	INSUFFICIENT	NOT RELEVENT
2.8	ACCEPT	ABLE	NOT ACCEPTABLE	
	ACCEPT	ABLE	NOT ACCEPTABLE	
2.9	ACCEPT	ABLE	NOT ACCEPTABLE	
•		ation provided under CAF S iry are as follows.	Section – 2, I am satisfied	Not Satisfied

Signature 4

# $\underline{CAF-SECTION-3}$

# THOSE WITH GREIVOUS INJURY (Further information)

3.1 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
3.2 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
3.3 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
3.4 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
3.5 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
3.6 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
			ignature
CAF-SECTION 4			
CLAIMENT / AGENT DET	'AILS		
4.1 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.2 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.3 CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT

4.4	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.5	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.6	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.7	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.8	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.9	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.10	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.11	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.12	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.13	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.14	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
4.15	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
	With regards to the information of the findings from my inqu	ation provided under CAF Se	ection – 4, I am satisfied	Not Satisfied
		ily are as follows.		

Signature

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### **CAF-SECTION 5**

### INFORMATION REQUIRED FROM POLICE

5.1	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.2	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.3	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.4	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.5	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.6	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.7	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
5.8	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
		on provided under CAF Section my observations are as follows.	– 5, I am satisfied	Not Satisfied
				gnature
CAF	-SECTION 6			
MED	DICAL EVIDENCE			
6.1	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT
6.2	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVENT

6.3	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.4	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.5	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.6	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.7	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.8	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.9	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
6.10	CORRECT		INCORRECT	Γ	INSUFFICIENT		NOT RELEVENT
	With regards to th				– 5, I am satisfied	No.	ot Satisfied
						Signature	
	SECTION 7 nents annexed to	the applica	<u>tion</u>				
	7.1	ACCEPTA	ABLE		NOT ACCEPT	'ABLE	
	7.2	ACCEPTA	ABLE		NOT ACCEPT	ABLE	

7.3	ACCEPTABLE	NOT ACCEPTABLE
7.4	ACCEPTABLE	NOT ACCEPTABLE
7.5	ACCEPTABLE	NOT ACCEPTABLE
7.6	ACCEPTABLE	NOT ACCEPTABLE
7.7	ACCEPTABLE	NOT ACCEPTABLE
7.8	ACCEPTABLE	NOT ACCEPTABLE
7.9	ACCEPTABLE	NOT ACCEPTABLE
7.10	ACCEPTABLE	NOT ACCEPTABLE
7.11	ACCEPTABLE	NOT ACCEPTABLE
7.12	ACCEPTABLE	NOT ACCEPTABLE
	INQUIRING OFFIC	CER'S RECOMMENDATION
I		Inquiring Officer registered with the
		o) do here by confirm
		he above Hit & Run Road Traffic Accident claim application
that was r	referred to me.	
The inquir	y was held on the following dates	at the
		.Having studied the claim, I hereby state that I am satisfied / not satisfied
and recom	nmend / not recommend Compensation Payment	under the National Council for Road Safety Motor Traffic (Amendment)
Act No.5	of 1998 to the grievous injured /clamant or agent	t of the deceased.
		Signature

Date:

### OIC's Report

I hereby certify that the above Inquiry was done by Inspector/Sub Inspector
and report to the National Council for Road Safety.
Police Station:
Name of OIC:
Signature