

(11)

**ANNEXURE-A**

**Format of the AFFIDAVIT of the Convict**

**(To be filed by the Convict within ten days of the conviction)**

**AFFIDAVIT**

I \_\_\_\_\_, son of/daughter of/wife of \_\_\_\_\_, aged about \_\_\_\_ years, resident of \_\_\_\_\_, do hereby solemnly declare and affirm as under:

| S. No. | Description                                 | Particulars |
|--------|---|-------------|
| 1.     | FIR No., date and under Section(s)          |             |
| 2.     | Name of Police Station                      |             |
| 3.     | Date, time and place of offence             |             |
| 4.     | Date of conviction                          |             |
| 5.     | Name of the convict                         |             |
| 6.     | Father's /Spouse's name                     |             |
| 7.     | Age   |             |
| 8.     | Gender                                      |             |
| 9.     | Marital status                              |             |
| 10.    | Addresses: Permanent                        |             |
|        | Present                                     |             |
| 11.    | Contact information: Mobile                 |             |
|        | Email ID                                    |             |
| 12.    | Educational and professional qualifications |             |
| 13.    | Occupation                                  |             |

112

|     |  |  |
|-----|--|--|
| 14. | Monthly income from all sources including employment, business, vocation, interest, investment, income from properties, assets etc.  |  |
| 15. | Whether you are assessed to Income Tax? If yes, file the copy of Income Tax Returns for the last three years.  |  |
| 16. | Complete details of the immediate family members (Name, age, relation, occupation, income and their address)   |  |
| 17. | <b><u>If the deponent is a salaried person:</u></b><br><br>(i) Designation<br><br>(ii) Name and address of the employer<br><br>(iii) Monthly Income including the salary, D.A., commissions/ incentives, bonus, perks etc.   |  |
| 18. | <b><u>If the deponent is self-employed:</u></b><br><br>(i) Nature of business/profession<br><br>(ii) Whether the business/profession is carried on as an individual, sole-proprietorship concern, partnership concern, company, HUF, joint family business or in any other form.<br><br>(iii) Net monthly income |  |
| 19. | <b><u>Income from other sources:</u></b><br><br>Agricultural Income; Rent; Interest on bank deposits, FDRs, investments including deposits, NSC, IVP, KVP, Post Office schemes, PPF, loans; Dividends; Mutual Funds; Annuities etc.  |  |

|     |   |                |                     |                 |
|-----|---|----------------|---------------------|-----------------|
| 20. | Income earned by the convict during incarceration   |                |                     |                 |
| 21. | Any other income not covered above  |                |                     |                 |
| 22. | <b>Total income</b>   | Monthly        |                     |                 |
|     |   | Annual         |                     |                 |
| 23. | <b><u>Immovable properties</u></b><br>Particulars of the immovable properties including joint properties, built up properties, lease hold properties, land/ agricultural land and investment in real estate such as booking of plots, flats etc. in your name or in joint names |                |                     |                 |
| 24. | <b><u>Financial Assets</u></b><br>Particulars of all bank accounts including Current and Savings, Demat accounts in your name or joint names held in the last three years   | Account Number | Name of Bank        | Current Balance |
|     |   |                |                     |                 |
| 25. | <b><u>Investments</u></b><br>FDRs, JSC, IVP, KVP, Post Office scheme, PPF etc.; Deposits with Government and Non-Government entities; Stocks, shares, debentures, bonds, units and mutual funds, etc.   | Particulars    | Current Value       |                 |
|     |   |                |                     |                 |
| 26. | <b><u>Movable Assets</u></b><br>Motor Vehicles, live stock, plant and equipment etc.  | Particulars    | Cost of acquisition |                 |
|     |   |                |                     |                 |
| 27. | List of other assets not itemized above   |                |                     |                 |
| 28. | <b><u>Value of total assets</u></b>   |                |                     |                 |

114

**DOCUMENTS TO BE FILED WITH THE AFFIDAVIT**

| S. No. | Particulars  | Please Tick |    |           |
|--------|--|-------------|----|-----------|
|        |  | Attached    | NA | To follow |
| 29.    | Aadhaar Card   |             |    |           |
| 30.    | Voter ID Card  |             |    |           |
| 31.    | PAN Card   |             |    |           |
| 32.    | Statement of Account of all bank accounts including current, savings, DEMAT for the last three years                       |             |    |           |
| 33.    | Income Tax Return(s) of the deponent along with the balance sheets, statement of income and Annexures for last three years |             |    |           |
| 34.    | Salary Slip in case of salaried persons  |             |    |           |

**Declaration:**

1. I solemnly declare and affirm that I have made true, accurate and complete disclosure of my income from all sources and assets. I further declare and affirm that I have no income and assets other than set out in this affidavit.
2. I undertake to inform this Court immediately upon any material change in my income and assets or any other information disclosed in this affidavit.
3. I hereby declare that the contents of this affidavit have been duly explained to me and have been understood by me.
4. The copies of the documents filed with the affidavit are the true copies of the originals and I have self attested the copies after comparing them with their originals.

115

5. I understand that any false statement made in this affidavit may constitute an offence under Section 199 read with Sections 191 and 193 of the Indian Penal Code, 1860 punishable with imprisonment up to seven years and fine, and Section 209 of Indian Penal Code, 1860 punishable with imprisonment up to two years and fine. I have read and understood Sections 191, 193, 199 and 209 of the Indian Penal Code, 1860.

DEPONENT

Verification:

Verified at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ that the contents of the above affidavit relating to my income and assets are true to my knowledge, no part of it is false and nothing material has been concealed therefrom. I further verify that the copies of the documents filed along with the affidavit are true copies of the originals.

DEPONENT

116

**ANNEXURE-B**

**Format of VICTIM IMPACT REPORT**

*(To be filed by DSLSA in all criminal cases, other than motor accident cases, within 30 days of conviction and to be considered by the Court at the time of sentencing)*

| S. No. | Description   | Particulars |
|--------|---|-------------|
| 1.     | FIR No., date and under Section(s)                                      |             |
| 2.     | Name of Police Station  |             |
| 3.     | Date, time and place of offence   |             |
| 4.     | Nature of injury/loss suffered by the victim(s)                         |             |
|        | (i) Physical harm   |             |
|        | (a) Simple injuries   |             |
|        | (b) Grievous injuries   |             |
|        | (c) Death   |             |
|        | (ii) Emotional harm   |             |
|        | (iii) Damage/loss of the property                                       |             |
|        | (iv) Any other loss/injury  |             |
| 5.     | Brief description of offence(s) in which the accused has been convicted |             |
| 6.     | Name of the victim  |             |

117

|     |                             |  |
|-----|-----------------------------|--|
| 7.  | Father's /Spouse's name     |  |
| 8.  | Age                         |  |
| 9.  | Gender                      |  |
| 10. | Marital status              |  |
| 11. | Addresses:<br>Permanent     |  |
|     | Present                     |  |
| 12. | Contact information: Mobile |  |
|     | Email ID                    |  |

**I. Death Case**

| S. No. | Description  | Particulars |            |               |
|--------|--|-------------|------------|---------------|
| 13.    | Name of the deceased   |             |            |               |
| 14.    | Father's/Spouse's name   |             |            |               |
| 15.    | Age of the deceased  |             |            |               |
| 16.    | Gender of the deceased   |             |            |               |
| 17.    | Marital status of the deceased                                   |             |            |               |
| 18.    | Occupation of the deceased                                       |             |            |               |
| 19.    | Income of the deceased   |             |            |               |
| 20.    | Name, age and relationship of legal representatives of deceased: |             |            |               |
|        |  | <b>Name</b> | <b>Age</b> | <b>Gender</b> |
| (i)    |  |             |            |               |
| (ii)   |  |             |            |               |
| (iii)  |  |             |            |               |
| (iv)   |  |             |            |               |

|        |  |  |  |
|--------|--|--|--|
| (v)    |  |  |  |
| (vi)   |  |  |  |
| 21.    | <b>Details of losses suffered</b>  |  |  |
|        | <b>Pecuniary Losses:</b>   |  |  |
| (i)    | Income of the deceased (A)   |  |  |
| (ii)   | Add-Future Prospects (B)   |  |  |
| (iii)  | Less-Personal expenses of the deceased (C)   |  |  |
| (iv)   | Monthly loss of dependency<br>[(A+B) - C = D]  |  |  |
| (v)    | Annual loss of dependency (D x 12)   |  |  |
| (vi)   | Multiplier (E)   |  |  |
| (vii)  | Total loss of dependency (D x 12 x E = F)  |  |  |
| (viii) | Medical Expenses   |  |  |
| (ix)   | Funeral Expenses   |  |  |
| (x)    | Any other pecuniary loss/damage  |  |  |
|        | <b>Non-Pecuniary Losses:</b>   |  |  |
| (xi)   | Loss of consortium   |  |  |
| (xii)  | Loss of love and affection   |  |  |
| (xiii) | Loss of estate   |  |  |
| (xiv)  | Emotional harm/trauma, mental and physical shock etc.  |  |  |
| (xv)   | Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident/death of the deceased |  |  |



(119)

|       |                                     |  |
|-------|-------------------------------------|--|
|       | victim.                             |  |
| (xvi) | Any other non pecuniary loss/damage |  |
|       | <b>Total loss suffered</b>          |  |

**II. Injury Case**

| S. No. | Description   | Particulars |        |          |
|--------|---|-------------|--------|----------|
| 22.    | Name of the injured                                       |             |        |          |
| 23.    | Father's /Spouse's name                                   |             |        |          |
| 24.    | Age of the injured  |             |        |          |
| 25.    | Gender of the injured                                     |             |        |          |
| 26.    | Marital status of the injured                             |             |        |          |
| 27.    | Occupation of the injured                                 |             |        |          |
| 28.    | Income of the injured                                     |             |        |          |
| 29.    | Nature and description of injury                          |             |        |          |
| 30.    | Medical treatment taken by the injured                    |             |        |          |
| 31.    | Name of hospital and period of hospitalization            |             |        |          |
| 32.    | Details of surgeries, if undergone                        |             |        |          |
| 33.    | Whether any permanent disability? If yes, give details    |             |        |          |
| 34.    | Whether the injured got reimbursement of medical expenses |             |        |          |
| 35.    | Details of family/dependents of the injured:              |             |        |          |
|        | Name  | Age         | Gender | Relation |
| (i)    |   |             |        |          |

120

|        |  |  |  |  |
|--------|--|--|--|--|
| (ii)   |  |  |  |  |
| (iii)  |  |  |  |  |
| (iv)   |  |  |  |  |
| (v)    |  |  |  |  |
| (vi)   |  |  |  |  |
| 36.    | <b>Details of losses suffered</b>  |  |  |  |
|        | <b>Pecuniary Losses:</b>   |  |  |  |
| (i)    | Expenditure incurred on treatment, conveyance, special diet, attendant etc.                                  |  |  |  |
| (ii)   | If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment |  |  |  |
| (iii)  | Loss of income   |  |  |  |
| (iv)   | Any other loss which may require any special treatment or aid to the injured for the rest of his life        |  |  |  |
| (v)    | Percentage of disability assessed and nature of disability as permanent or temporary                         |  |  |  |
| (vi)   | Percentage of loss of earning capacity in relation to disability   |  |  |  |
| (vii)  | Loss of future Income - (Income x % Earning Capacity x Multiplier)   |  |  |  |
| (viii) | Any other pecuniary loss or damage   |  |  |  |
|        | <b>Non-Pecuniary Losses:</b>   |  |  |  |
| (i)    | Pain and suffering   |  |  |  |
| (ii)   | Loss of amenities of life, inconvenience, hardships, disappointment, frustration, mental                     |  |  |  |

|        |   |  |
|--------|---|--|
|        | stress, dejection and unhappiness in future life etc.   |  |
| (iii)  | Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident. |  |
| (iv)   | Emotional harm/trauma, mental and physical shock etc.   |  |
| (v)    | Disfiguration   |  |
| (vi)   | Loss of marriage prospects  |  |
| (vii)  | Loss of Reputation  |  |
| (viii) | Any other non-pecuniary loss/damage   |  |
|        | <b>Total loss suffered</b>  |  |

**III. Damage/Loss to the property**

| S. No. | Description                              | Particulars |
|--------|--|-------------|
| 37.    | Description of the property damaged/lost |             |
| 38.    | The value of loss suffered               |             |

122

**IV. Paying capacity of the accused**

The accused has submitted the affidavit of his assets and income in the format *Annexure-A*. The particulars given by the accused in his affidavit have been verified through SDM/Police/Prosecution and after considering the same, paying capacity of the accused is assessed as under:

.....  
.....  
.....  
.....

**V. Recommendations of Delhi State Legal Services Authority**

After taking into consideration the gravity of the offense, severity of mental/physical harm/injuries suffered by the victim(s); losses suffered by the victim(s) and the paying capacity of the accused. The recommendations of the Committee are as under:-

.....  
.....  
.....  
.....

**Delhi**  
**Dated:**

**Member Secretary**  
**Delhi State Legal Services Authority**

123

**Documents considered and attached to the report**

**In death cases:**

1. Death certificate
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Proof of the legal representatives of the deceased (Names, Age, Address, Phone Number & Relationship)
5. Treatment record, medical bills and other expenditure
6. Bank Account no. of the legal representatives of the deceased with name and address of the bank
7. Any other document found relevant

**In injury cases:**

8. Multi angle photographs of the injured
9. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
10. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
11. Treatment record, medical bills and other expenditure.
12. Disability certificate (if available)
13. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of a) Certificate from the employer; b) Extracts from the attendance register.
14. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
15. Any other document found relevant

124

**ANNEXURE-BI**

**Format of VICTIM IMPACT REPORT**

*(To be filed by DSLSA in all criminal cases relating to motor accidents within 30 days of conviction and to be considered by the Court at the time of sentencing)*

| S. No. | Description   | Particulars |
|--------|---|-------------|
| 1.     | FIR No., date and under Section(s)                                      |             |
| 2.     | Name of Police Station  |             |
| 3.     | Date, time and place of offence   |             |
| 4.     | Nature of injury/loss suffered by the victim(s)                         |             |
|        | (i) Physical harm   |             |
|        | (a) Simple injuries   |             |
|        | (b) Grievous injuries   |             |
|        | (c) Death   |             |
|        | (ii) Emotional harm   |             |
|        | (iii) Damage/loss of the property                                       |             |
|        | (iv) Any other loss/injury  |             |
| 5.     | Brief description of offence(s) in which the accused has been convicted |             |
| 6.     | Name of the victim  |             |

125

|     |                             |  |
|-----|-----------------------------|--|
| 7.  | Father's /Spouse's name     |  |
| 8.  | Age                         |  |
| 9.  | Gender                      |  |
| 10. | Marital status              |  |
| 11. | Addresses:<br>Permanent     |  |
|     | Present                     |  |
| 12. | Contact information: Mobile |  |
|     | Email ID                    |  |

**I. Death Case**

| S. No. | Description  | Particulars |            |               |                 |
|--------|--|-------------|------------|---------------|-----------------|
| 13.    | Name of the deceased   |             |            |               |                 |
| 14.    | Father's/Spouse's name   |             |            |               |                 |
| 15.    | Age of the deceased  |             |            |               |                 |
| 16.    | Gender of the deceased   |             |            |               |                 |
| 17.    | Marital status of the deceased                                   |             |            |               |                 |
| 18.    | Occupation of the deceased                                       |             |            |               |                 |
| 19.    | Income of the deceased   |             |            |               |                 |
| 20.    | Name, age and relationship of legal representatives of deceased: |             |            |               |                 |
|        |  | <b>Name</b> | <b>Age</b> | <b>Gender</b> | <b>Relation</b> |
| (i)    |  |             |            |               |                 |
| (ii)   |  |             |            |               |                 |
| (iii)  |  |             |            |               |                 |
| (iv)   |  |             |            |               |                 |
| (v)    |  |             |            |               |                 |

126

|        |  |  |  |  |
|--------|--|--|--|--|
| (vi)   |  |  |  |  |
| 21.    | <b>Details of losses suffered</b>  |  |  |  |
|        | <b>Pecuniary Losses:</b>   |  |  |  |
| (i)    | Income of the deceased (A)   |  |  |  |
| (ii)   | Add-Future Prospects (B)   |  |  |  |
| (iii)  | Less-Personal expenses of the deceased (C)   |  |  |  |
| (iv)   | Monthly loss of dependency<br>[(A+B) - C = D]  |  |  |  |
| (v)    | Annual loss of dependency (D x 12)   |  |  |  |
| (vi)   | Multiplier (E)   |  |  |  |
| (vii)  | Total loss of dependency (D x 12 x E = F)  |  |  |  |
| (viii) | Medical Expenses   |  |  |  |
| (ix)   | Funeral Expenses   |  |  |  |
| (x)    | Any other pecuniary loss/damage  |  |  |  |
|        | <b>Non-Pecuniary Losses:</b>   |  |  |  |
| (xi)   | Loss of consortium   |  |  |  |
| (xii)  | Loss of love and affection   |  |  |  |
| (xiii) | Loss of estate   |  |  |  |
| (xiv)  | Emotional harm/trauma, mental and physical shock etc.  |  |  |  |
| (xv)   | Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident/death of the deceased victim. |  |  |  |



127

|       |                                     |  |
|-------|-------------------------------------|--|
| (xvi) | Any other non-pecuniary loss/damage |  |
|       | <b>Total loss suffered</b>          |  |

**II. Injury Case**

| S. No. | Description   | Particulars |               |                 |
|--------|---|-------------|---------------|-----------------|
| 22.    | Name of the injured                                       |             |               |                 |
| 23.    | Father's /Spouse's name                                   |             |               |                 |
| 24.    | Age of the injured  |             |               |                 |
| 25.    | Gender of the injured                                     |             |               |                 |
| 26.    | Marital status of the injured                             |             |               |                 |
| 27.    | Occupation of the injured                                 |             |               |                 |
| 28.    | Income of the injured                                     |             |               |                 |
| 29.    | Nature and description of injury                          |             |               |                 |
| 30.    | Medical treatment taken by the injured                    |             |               |                 |
| 31.    | Name of hospital and period of hospitalization            |             |               |                 |
| 32.    | Details of surgeries, if undergone                        |             |               |                 |
| 33.    | Whether any permanent disability? If yes, give details.   |             |               |                 |
| 34.    | Whether the injured got reimbursement of medical expenses |             |               |                 |
| 35.    | Details of family/dependents of the injured:              |             |               |                 |
|        | <b>Name</b>   | <b>Age</b>  | <b>Gender</b> | <b>Relation</b> |
| (i)    |   |             |               |                 |
| (ii)   |   |             |               |                 |

|        |  |  |  |
|--------|--|--|--|
| (iii)  |  |  |  |
| (iv)   |  |  |  |
| (v)    |  |  |  |
| (vi)   |  |  |  |
| 36.    | <b>Details of losses suffered</b>  |  |  |
|        | <b>Pecuniary Losses:</b>   |  |  |
| (i)    | Expenditure incurred on treatment, conveyance, special diet, attendant etc.  |  |  |
| (ii)   | If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment               |  |  |
| (iii)  | Loss of income   |  |  |
| (iv)   | Any other loss which may require any special treatment or aid to the injured for the rest of his life                      |  |  |
| (v)    | Percentage of disability assessed and nature of disability as permanent or temporary                                       |  |  |
| (vi)   | Percentage of loss of earning capacity in relation to disability   |  |  |
| (vii)  | Loss of future Income -<br>(Income x % Earning Capacity x Multiplier)  |  |  |
| (viii) | Any other pecuniary loss/damage  |  |  |
|        | <b>Non-Pecuniary Losses:</b>   |  |  |
| (i)    | Pain and suffering   |  |  |
| (ii)   | Loss of amenities of life, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness |  |  |

|        |   |  |
|--------|---|--|
|        | in future life etc.   |  |
| (iii)  | Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident. |  |
| (iv)   | Emotional harm/trauma, mental and physical shock etc.   |  |
| (v)    | Disfiguration   |  |
| (vi)   | Loss of marriage prospects  |  |
| (vii)  | Loss of Reputation  |  |
| (viii) | Any other non-pecuniary loss/damage   |  |
|        | <b>Total loss suffered</b>  |  |

**III. Damage/Loss to the property**

| S. No. | Description                              | Particulars |
|--------|--|-------------|
| 37.    | Description of the property damaged/lost |             |
| 38.    | The value of loss suffered               |             |

**IV. Conduct of the accused**

| S. No. | Description  | Particulars |
|--------|--|-------------|
| 39.    | Whether the accused fled from the Spot<br>If so, when he/ she appeared before Police/ Court or arrested? |             |
| 40.    | Whether the Accused reported the accident to the Police/ family of the victim                            |             |

| 56.     | <b>Aggressive Driving</b>                  |  |
|---------|--|--|
| (i)     | Jumping Red Light                          |  |
| (ii)    | Abrupt braking                             |  |
| (iii)   | Neglect to keep to the left of road        |  |
| (iv)    | Criss Cross Driving                        |  |
| (v)     | Driving on the wrong side                  |  |
| (vi)    | Driving close to vehicle in front          |  |
| (vii)   | Inappropriate attempts to overtake         |  |
| (viii)  | Cutting in after overtaking                |  |
| (ix)    | Exceeding Speed Limit                      |  |
| (x)     | Racing/ Competitive Driving                |  |
| (xi)    | Disregarding any warnings                  |  |
| (xii)   | Overtaking where prohibited                |  |
| (xiii)  | Driving with loud music                    |  |
| (xiv)   | Improper reversing                         |  |
| (xv)    | Improper passing                           |  |
| (xvi)   | Improper turning                           |  |
| (xvii)  | Turning without indication                 |  |
| (xviii) | Driving in no-entry zone                   |  |
| (xix)   | Not slowing at junctions/ crossings        |  |
| (xx)    | Turning with indication                    |  |
| (xxi)   | Not respecting stop sign                   |  |
| (xxii)  | Not respecting right of way to pedestrians |  |

| 57.    | <i>Irresponsible Behaviour</i>  |  |
|--------|---|--|
| (i)    | Failing to stop after accident  |  |
| (ii)   | Ran away from the spot after leaving the vehicle  |  |
| (iii)  | Destruction or attempt to destroy the evidence  |  |
| (iv)   | Falsely claiming that one of the victims was responsible for the accident   |  |
| (v)    | Trying to throw the victim off the bonnet of the vehicle by swerving in order to escape   |  |
| (vi)   | Causing death/injury in the course of dangerous driving post commission of crime or chased by police in an attempt to avoid detection or apprehension |  |
| (vii)  | Offence committed while the offender was on bail  |  |
| (viii) | Took any false defence  |  |
| (ix)   | Misled the investigation  |  |
| (x)    | Post-accident road rage behavior  |  |

|     |  |  |
|-----|--|--|
| 41. | (i) Whether the Accused provided any assistance to the victim?<br>(ii) Whether the Accused took the victim to the hospital?<br>(iii) Whether the Accused visited the victim at the hospital? |  |
| 42. | Whether the Accused remained at the spot till police arrived   |  |
| 43. | Whether the Accused cooperated in the investigation  |  |
| 44. | Whether the Accused removed his/her vehicle from the spot before police arrived  |  |
| 45. | Whether the Accused paid compensation/ medical expenses to victim/ his family  |  |
| 46. | Whether the Accused has previous convictions   |  |
| 47. | Whether the Accused is/ was a close relative or friend of the victim   |  |
| 48. | Age of the Accused   |  |
| 49. | Gender of the Accused  |  |
| 50. | Whether accused suffered injuries during the accident  |  |
| 51. | Whether the Accused discharged the duties under Sections 132 and 134 of the MV Act, 1988?<br>If no, whether the Accused has been prosecuted under Section 187 of MV Act                      |  |
| 52. | Whether the Driver has been previously involved in a motor accident case<br>If Yes, provide following details:<br>FIR Number and Police Station  |  |
| 53. | In case the driver fled from the spot, did the owner comply with the provisions of Section 133 of MV Act   |  |
| 54. | Any other information regarding the conduct of the Accused   |  |

| 55.     | <i>Apparent contributing circumstances</i>            |  |
|---------|---|--|
| (i)     | Driving without valid driving license                 |  |
| (ii)    | Driving while disqualified                            |  |
| (iii)   | Learner driving without supervision                   |  |
| (iv)    | Vehicle not insured                                   |  |
| (v)     | Driving a stolen vehicle                              |  |
| (vi)    | Vehicle taken out without the consent of the owner    |  |
| (vii)   | Driving dangerously or at excessive speed             |  |
| (viii)  | Dangerously loaded vehicle/ Overloaded                |  |
| (ix)    | Parking on the wrong side of the road                 |  |
| (x)     | Improper parking/ Parking on wrong side of road       |  |
| (xi)    | Non-observance of traffic rules                       |  |
| (xii)   | Poorly maintained vehicle                             |  |
| (xiii)  | Fake/forged driving license                           |  |
| (xiv)   | History of convulsions/ seizures                      |  |
| (xv)    | Fatigued/ Sleepy                                      |  |
| (xvi)   | Guilty of violation of traffic rules in the past      |  |
| (xvii)  | Previous convictions                                  |  |
| (xviii) | Suffering from medical condition that impairs driving |  |
| (xix)   | Using mobile phone while driving (Handheld)           |  |
| (xx)    | Using mobile phone while driving (Handsfree)          |  |
| (xxi)   | More than one injured/ dead                           |  |
| (xxii)  | Under the influence of alcohol or drugs               |  |

134

**IV. Paying capacity of the accused**

The accused has submitted the affidavit of his assets and income in the format *Annexure-A*. The particulars given by the accused in his affidavit have been verified through SDM/Police/Prosecution and after considering the same, paying capacity of the accused is assessed as under:

.....  
.....  
.....  
.....

**V. Recommendations of Delhi State Legal Services Authority**

After taking into consideration the gravity of the offense, severity of mental/physical harm/injuries suffered by the victim(s); losses suffered by the victim(s) and the paying capacity of the accused. The recommendations of the Committee are as under:-

.....  
.....  
.....  
.....

**Delhi**  
**Dated:**

**Member Secretary**  
**Delhi State Legal Services Authority**



135

**Documents considered and attached to the report**

**In death cases:**

1. Death certificate
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Proof of the legal representatives of the deceased (Names, Age, Address, Phone Number & Relationship)
5. Treatment record, medical bills and other expenditure
6. Bank account no. of the legal representatives of the deceased with name and address of the bank
7. Any other document found relevant

**In injury case:**

8. Multi angle photographs of the injured
9. Proof of age of the deceased which may be in form of a) Birth Certificate b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
10. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
11. Treatment record, medical bills and other expenditure.
12. Disability certificate (if available)
13. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of a) Certificate from the employer; b) Extracts from the attendance register.
14. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
15. Any other document found relevant