

FORM -XII

VICTIM IMPACT REPORT

**By State Legal Services Authority to concerned criminal court within thirty (30) days of conviction
and to be considered 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 property	
	iv. Any other loss/injury	
5.	Brief description of offence(s) in which the accused has been convicted	
6.	Name of the victim	
7.	Father's /Spouse's name	
8.	Age	
9.	Gender	
10.	Marital status	
11.	Addresses: 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:			
	Name	Age	Gender	Relation
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
21.	<i>Details of losses suffered</i>			
	<i>Pecuniary Losses:</i>			
(i)	Income of the deceased (A)			
(ii)	Add-Future Prospects (B)			
(iii)	Less-Personal expenses of the deceased (C)			
(iv)	Monthly loss of dependency [(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			
	<i>Non-Pecuniary Losses:</i>			
(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.			
(xvi)	Any other non-pecuniary loss/damage			
	<i>Total loss suffered</i>			

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 hospitalisation			
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)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
36.	<i>Details of losses suffered</i>			
<i>Pecuniary Losses:</i>				
(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/damage	
	<i>Non-Pecuniary Losses:</i>	
(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	
	Total loss suffered	

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 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	
41.	i. Whether the Accused provided any assistance to the victim? ii. Whether the Accused took the victim to the hospital? 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 Motor Vehicles Act, 1988? If no, whether the Accused has been prosecuted under section 187 of Motor Vehicles Act, 1988	
52.	Whether the Driver has been previously involved in a motor accident case If Yes, provide following details: 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 Motor Vehicles Act, 1988	
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	
56.	<i>Aggressive Driving</i>	
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 behaviour	

IV. Recommendations of 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: -

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Place:

Member Secretary

Dated:

State Legal Services Authority

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:

1. Multi angle photographs of the injured
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. Treatment record, medical bills and other expenditure.
5. Disability certificate (if available)
6. 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.
7. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
8. Any other document found relevant