W.B.P.Form No. 27

FIRST INFORMATION REPORT

4815 DCRB

First Information of a cognizable crime reported under section 154 Cr. P. C. at P.S.

1. Dist Purbamedinipur Sub- Divn. Haldia P.S. mahishadal Year 2017 FIR NO. 64/17 Date. 27-2-17
2. i) Act I.P.C. Section 448/323/325/307/379/427/ Sections
2. ii) Act Section iv) Other Act & Sections
3. a) General Diary Reference : Entry No. 1146 Time 20:55 hrs.
   b) Occarrence of Offence : Day monday Date 27-2-17 Time 15:00 hrs.
   c) Information received Date on 27-2-17 Time 20:55 hrs.
   G.D. No. 1146 dt 27-2-2017 at the Police Station :
4. Type of Information. Written / Oral written.
5. Place of Occurrence a) Direction and Distrance from P. S. Jagannathpur - 2 Km East
   b) Address Jagannathpur J.L.no 111 Mahal II G.P. Arshal no VIII P.S. mahishadal Dist - Purba medinipur.
   c) In cash outside limit of this Police Station, then the name of P.S.
   District
6. Complaint /Informant :
   a) Name Swapan Das
   b) Father's / Husband's Name Radhagobinda Das
   c) Date/Year of Birth
   d) Nationality Indian
   e) Address vill:- Jagannathpur P.S. mahishadal Dist- Purbamedinipur.
7. Detaiuls Known/Suspected/Unknown/Accused with full particulars (Attach separate sheet, if necessary) ① SK Habib s/o SK Abed Ali vill- Jagannathpur.
   ② SK Sabir s/o SK Amir Ali of Bambagi
8. Reasons for dealy in reporting by the Complaint/Informant
9. Particular of properties stolen / involved : (Attach separete sheet, if required) : P.S. mahishadal Dist- Purba medinipur.
10. Total value of Properties stolen / involved :
11. Inquest report / U.D. : Case No. if any :
12. FIR Contents : (Attach separate sheets, if required) :

The original written Complaint which is treated as FIR is attached here with

13. Action taken : Since the above report reveals commission of offence (s) u/s 448/323/325/307/379/427/34 IPC
    Register the case and ~~took up the investigation~~/directed ASI. Arnab Banerjee to take up the investigation
    transferred to P. S. on point of Jurisdiction FIR read over to the Comp'aint / informant. admitted to be correctly recorded and given to the Complainant/Informant free of cost.

Swapan Das

Signature / Thumb Impression of the Complainant /Informant

DL/1598

AR 27/02/17

Signature of the Office-in-charge, Police Station with
Name AJEET KUMAR JHA
Rank SI o/c mahishadal PS
Number, if any 27/02/2017

To
The O/C, Mahishadal P.S.
Mahishadal, Purba Medinipur.

মহাশয়,
সবিনয় নিবেদন এই যে, আমি স্বপন দাস, পিতা- [illegible] দাস, গ্রাম - [illegible]পুর, পোঃ - মহিষাদল, থানা - মহিষাদল, জেলা - পূর্ব মেদিনীপুর এর অধিবাসী হইতেছি।
ইং তাং - 27/2/17 তারিখে বিকাল [illegible] সময় আমি [illegible] [illegible] [illegible] [illegible] [illegible] হঠাৎ [illegible] হই।
[illegible] [illegible] A2 [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible],

ইং তাং - 27/2/17.

সাক্ষীদের নাম ও ঠিকানা -
1. - [illegible]
পিতা - [illegible] আলি,
গ্রাম - [illegible]পুর।
2. - [illegible]
পিতা - [illegible] আলি,
গ্রাম - [illegible]

বিনীত -
বিনীত
Swapan [illegible]
M-7548087841.

Received on 27-2-2017 [illegible] Mahishadal PS case no 64/17 dated 27-2-2017 u/s 448/323/325/307/379/427/34 IPC.
Sd/- 27/02/17

[illegible] complainant/informant free of cost.

সাক্ষীদের নাম ও ঠিকানা –

1, শেখ রফিক,
পিতা – শেখ [illegible],
গ্রাম – [illegible],

2, [illegible] শেখ,
পিতা – [illegible] শেখ,
গ্রাম – নতুন [illegible],

3, শেখ [illegible]
পিতা – শেখ [illegible],
গ্রাম – হাসানপুর,

4, মানস [illegible].
পিতা – [illegible],
গ্রাম – হাসানপুর

— অজ্ঞাত অনেকে,

5, [illegible] বিবি
স্বামী – [illegible]
[illegible],
পিতা – [illegible],
গ্রাম – হাসানপুর,

REPORT ON CASES OF INJURY OR OF POISONING ADMITTED / OUT PATIENT INTO THE BASULIA RURAL HOSPITAL

Mahishadal, Purba Medinipur

1095

1. Name (in block letters) of the Patient : [illegible]
2. Special mark of identification : one [illegible] mark of [illegible]
3. Full address and police-station (in block letters) :
   C/o. W/o [illegible] SANTOSH [illegible] Check (Lower)
   Vill - JAGANNATHPUR
   P.O. [illegible] P.S. Do. Dist. Purba Medinipur
4. Age 30 yrs Years Sex Female Religion H
5. Brought by :
   Name [illegible] Das ([illegible]),
   (Address in full)
6. Date time and place of injury occurred :
   Date 27/2/17 Time 5.30 P.M.
   Place Jagannathpur District
7. Date and time of examination : 28/2/17 at 9.10 P.M.
8. Short history of the case as stated by the patient or by the party (if the patient is not liable to give the statement) :
   [illegible]
9. Examination Report :
   A) Nature of Injury : Simple at present.
   B) Size of each injury in c.m. : Pain at both the cheek, [illegible] — as stated by the pt. No cut mark or swelling [illegible].
   C) Age of Injury : Recent
   D) Caused by :
10. Admitted in Referred to [illegible]

[illegible]

Signature or thumb impression of patient

Medical Officer
Basulia Rural Hospital

Medical Officer
Basulia Rural Hospital

Full Signature and Designation of E.M.O.

(Informant admitted to be correctly recorded and given to the Complainant/Informant free of cost.