



Manipur Police  
I.I.F - 1

**FIRST INFORMATION REPORT**  
(Under Section 173 B.N.S.S.)

1. DISTRICT: Churachandpur  
FIR No. 131(10)2025 CCP-PS

P.S. Churachandpur

YEAR: 2025

Date and time of FIR: 14/10/2025 at 01:30 PM

2.

SL No.	Acts	Sections	Description of offence
01	Bharatiya Nyaya Sanhita (BNS)	281	Rash driving or riding on a public way.
02	Bharatiya Nyaya Sanhita (BNS)	324(4)	Mischief causing damage.
03	Bharatiya Nyaya Sanhita (BNS)	106(1)	Cause death by negligence.

3. (a) Occurrence of Offence:

Day: Date from: 13/10/2025 Date to: 13/10/2025

Time Period: Time from: 11:00 PM Time to: 11:00 PM

(b). Information received at PS: Date: 14/10/2025 Time: 01:30 PM

(c). General Diary Reference: Entry No. 25 Date & Time: 14/10/2025 at 01:30 PM

4. Type of information: Written

5. Place of occurrence:

(a) Direction and distance from PS: About 02 Kms South-East

(b) Address: College Road, New Lamka, Churachandpur, Manipur

(c) In case outside the limit of this Police Station, then Name of P.S:

6. Complainant/Informant:

(a) Name : T.Ginchinpau

(b) Father's of : (L) T. Pauchinlian

(c) Date/Year of Birth : 67 yrs

(d) Nationality: Indian

(e) UID No. NIL

Passport No. NIL

(f) Date of issue: Place of issue:

(g) ID Details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN)

Sl. No.	ID Type	ID No.
01	Aadhar Card	9520 2322 6470

(h) Occupation:

(i) Address:

Sl. No.	Address Type	Address
1	Present address	Dorcas Road, New Lamka , Churachandpur, Manipur
2	Permanent address	Dorcas Road, New Lamka , Churachandpur, Manipur

(j) Phone number: 8014055740

7. Details of known/ suspected/ unknown accused with full particulars:

Sl. No.	Name	Alias	Relative's name	Present address
01	Unknown four wheeler Driver			

8. Reasons for delay in reporting by the complainant/ informant:

sp/ef copy



9. Particulars of properties of interest:

Sl. No.	Property Category	Property Type	Description	Value (in Rs. )
01				

10. Total value of property:

11. Inquest Report/ U.D. Case No., if any:

Sl. No.	UIDB No.
01	NIL

12. First Information contents:

To

The Officer-in-Charge  
Churachandpur Police Station  
Churachandpur

Subject: Report

Respected Sir,

I the undersigned would like to make the following report for necessary actions at your end.

That my son  
No. 4377103 W  
NK. T.PAUCHINLIAN  
1 Assam Regiment, Shillong  
C/O APO 56

Permanent Address: Dorcas Road, New Lamka-795006 met with accident while riding Yamaha Bike No. MN02G4365 at College Road, New Lamka, while unknown four wheeler with high beam light from the Opposite direction approach that led to the accident at around 11:00 PM on 13/10/2025 (Monday).He was admitted at District Hospital, Churachandpur for treatment on his injuries.

That he succumbed at around 10:15 AM of 14/10/2025(Tuesday).

I, therefore request you to kindly book the unknown four wheeler Driver causing death and all the other needful from your end.

His motorbike was damaged too and not in service condition.

Thanking you



Yours faithfully

Sd/-

T.Ginchinpau (67) yrs  
F/O (L) T. Pauchinlian  
Dorcas Road, New Lamka  
# 8014055740



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

(1) Registered the case and took up the investigation/ or

(2) Directed (Name of I.O.): Letjapao Kipgen  
No.

Rank: SI ( Sub Inspector)  
to take up the Investigation:

(3) Refused investigation due to:

(4) Transferred to P.S:

District:

on point of jurisdiction

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.

R.O.A.C



14. Signature/ Thumb impression  
of the complainant/ informant

15. Date and time of dispatch to the court: 15/10/2025



Signature of Officer in charge, Police Station

Name: Thangpu Tonsing

Rank: Inspector

Officer-in-Charge  
Churachandpur Police Station  
Manipur



14/10/2025

The Officer-in-charge  
Churachandpur Police Station  
Churachandpur.

Treated as O.E. of case.

FIR No. 131 (10) 2025

CEP PS u/s. 281/324(4)

106(1) BNS.

Subject :- Report



Officer-in-charge  
Churachandpur Police Station  
Manipur

Respected Sir,

I the undersigned would like to make the following report for necessary actions at your end.

That my son.

No. A377103W

NK. T. PAUNCHINLIAN

1 Assam Regiment, Shillong

C/o APO 56

Permanent Address :- Dorcas Road, New Lamka, - 795006.

Met with accident while riding Yamaha Bike NO. MN026 at College Rd. New Lamka, while unknown four wheeler with high beam light from the opposite direction approached that led to the accident at around 11:00 PM on 13/10/24 (Monday). He was admitted at District Hospital, Churachandpur for treatment on his injuries.

That he succumbed at around 10:15 AM of 14/10/2025, (Tuesday).

I therefore request you to kindly book the unknown four wheeler driver causing death and all the other needful from your end.

His motorbike was damaged too and not in service condition.

Thanking you

Yours Faithfully

(T. PAUNCHINLIAN) 67 yrs.

Fb. (U) T. PAUNCHINLIAN

# 8014055740



J 9001-2006 CERTIFIED HOSPITAL

# ADMISSION AND DISCHARGE RECORD



## GOVERNMENT OF MANIPUR DISTRICT HOSPITAL Churachandpur

No. F/MNP/DH/CCPI/HCM-03/03

Date: 14/10/25 Head of Unit: SX Ward: Tel-ICU Hospital in-patient No. 42243  
 Name of Patient: T. Pauchinlian Age: 34 Sex: Male / Female  
 Religion: Ch Occupation:   
 Address: Solas Veng  
NEW LAHKA  
 Emergency Address (Including Telephone No./Mobile No.):  
8413084720  
 Father's/Husband's Name: GINCHINPAU Occupation:   
 Address:

Date & Time of Admission	Date and Time of Discharge	No. of Days in Hospital																	
<u>14/10/25 @ 8:55 AM</u>																			
Provisional Diagnosis: (in block letters)																			
Final Diagnosis: (in block letters)	<u>ICH due to RTA on 14/10/25</u>																		
Secondary Diagnosis or Complications: (in block letters) I.G.D																			
Operative Procedures: (in block letters)																			
	I.G.D Code																		
	<table border="1"> <thead> <tr> <th colspan="2">Discharge - Alive</th> <th>Died</th> <th>Autop</th> </tr> </thead> <tbody> <tr> <td>With Medical Advice</td> <td><input type="checkbox"/></td> <td>Under 48 Hrs.</td> <td><input type="checkbox"/></td> <td rowspan="3">Yes No</td> </tr> <tr> <td>Lama</td> <td><input type="checkbox"/></td> <td>Over 48 Hrs.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Absconded</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>		Discharge - Alive		Died	Autop	With Medical Advice	<input type="checkbox"/>	Under 48 Hrs.	<input type="checkbox"/>	Yes No	Lama	<input type="checkbox"/>	Over 48 Hrs.	<input type="checkbox"/>	Absconded	<input type="checkbox"/>		
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Signature of Medical Officer		Signature of Head of Unit																	



ADMISSION AND  
DISCHARGE RECORD

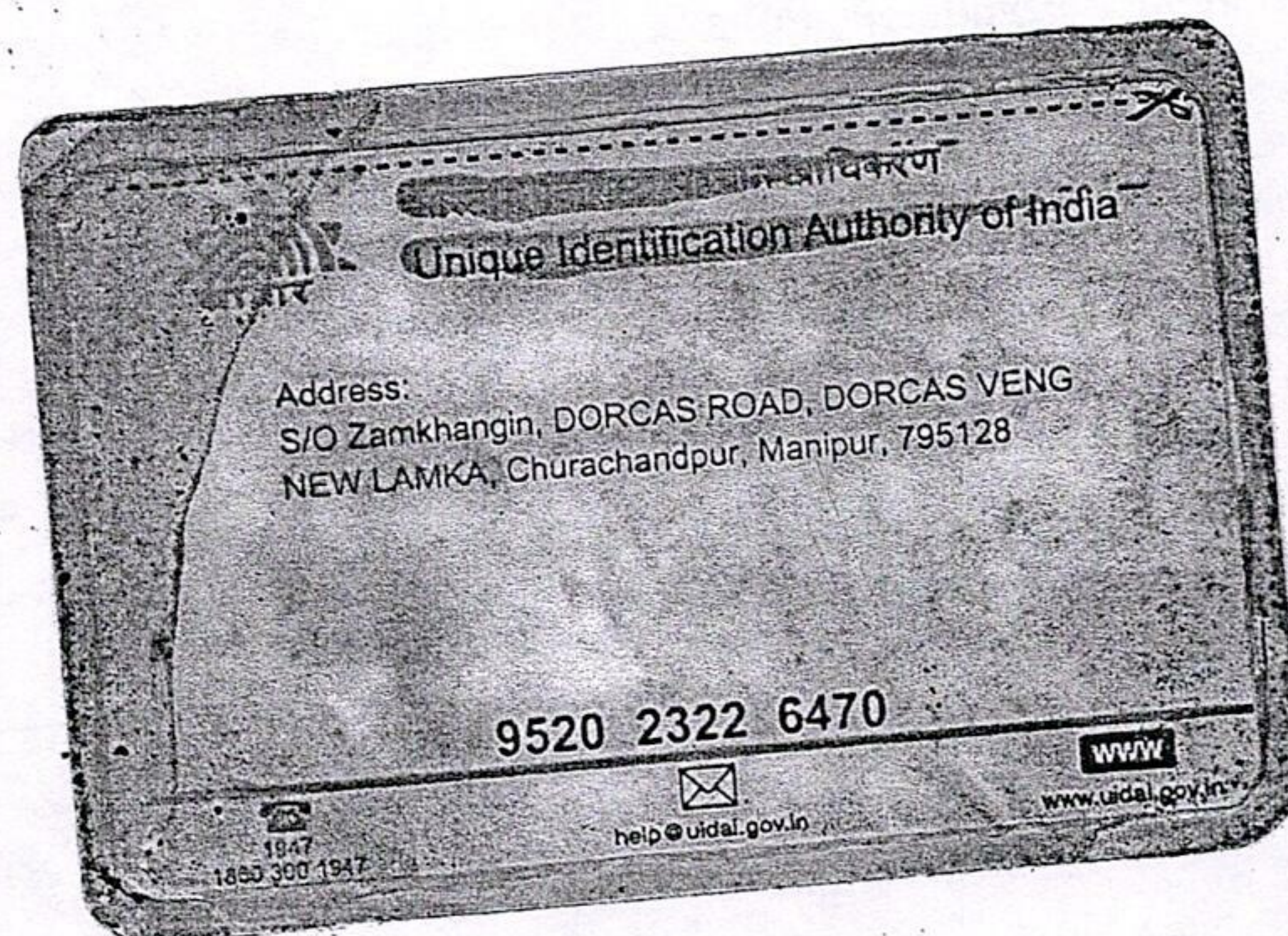
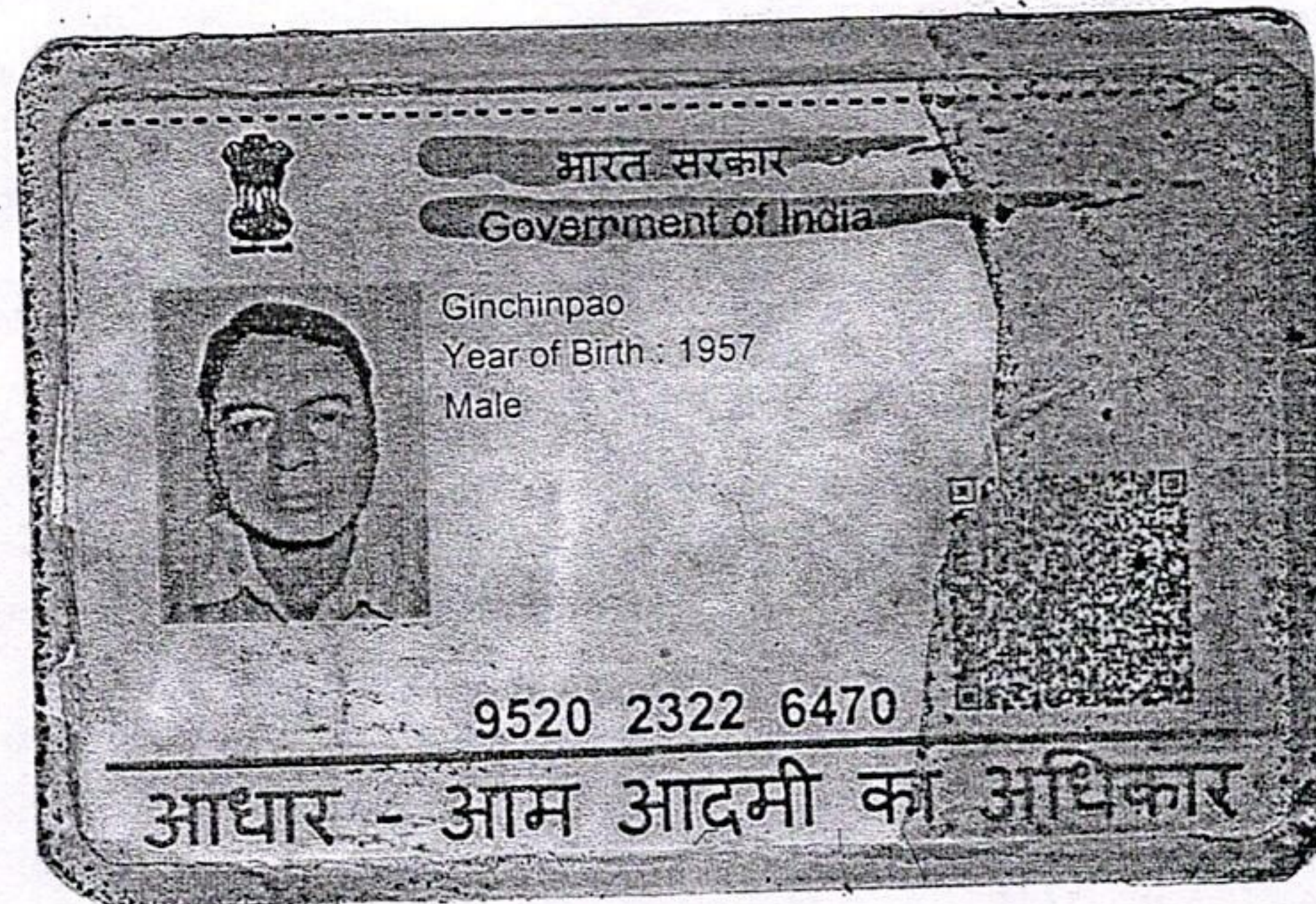


GOVERNMENT OF MANIPUR  
DISTRICT HOSPITAL  
Churachandpur

Date: 14/10/25 Head of Unit: Ward: MSW-8 Hospital in-patient No. 42293  
Name of Patient: Pauchin Lia Age: 34 Sex: Male / Female  
Address: Doras Vang Religion: Occupation:  
Emergency Address (Including Telephone No / Mobile No.): 8575288293  
Father's/Husband's Name: Chinigaitla Occupation:  
Address:

Date & Time of Admission 14/10/25 @ 12:35 AM		Date and Time of Discharge		No. of Days in Hospital	
Provisional Diagnosis (in block letters)					
Final Diagnosis (in block letters)					
Secondary Diagnosis or Complications (in block letters) I.G.D				I.G.D Code	
Operative Procedures (in block letters)					
Result:	Discharge - Alive			Died	Autopsy
	With Medical Advice <input type="checkbox"/>	Under 48 Hrs <input type="checkbox"/>	Under 40 Hrs <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Lama <input type="checkbox"/>	Over 48 Hrs <input type="checkbox"/>	Over 48 Hrs <input type="checkbox"/>	No <input type="checkbox"/>	
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Causes of Death (in block letters)	I. Direct Causes a) Due to ..... (or as a consequence of) Antecedent Causes: b) Due to ..... (or as a consequence of)			II. Other significant condition which contributed to Death	
Signature of Medical Officer			Signature of Head of Unit		







FORM No 4.  
(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**  
(Hospital in-patients. Not to be used for still births)  
To be sent to Registrar along with Form no. 2 (Death Report)

Name of the Hospital District Hospital, Chavakurichi

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. 24

On 14/10/25 at 10:15 AM/PM

4222

NAME OF DECEASED <u>T. PACHISUAN</u>					
Sex	Age at Death <u>34</u>				For use of Statistical Office
	If a year or more, age in year	If less than 1 year, age in months	If less than one Month, age in days	If less than one Day, age in hours	
<input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<u>34</u>				
<b>CAUSE OF DEATH</b>					Interval between onset & death. Approximate
I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Heart failure, asthma, etc. <u>Cardiopulmonary arrest</u>					
Antecedent cause Morbidity conditions, if any, giving rise to the above Cause, stating underlying conditions last <u>Brain hemorrhage due to HTA</u>					
II. Other Significant conditions contributing to the Death but not related to the diseases Or conditions causing it.					

Manner of death

1. Natural      2. Accident      3. Suicide  
4. Homicide      5. Pending Investigation.

How do the injury occur?

If deceased was a female, was pregnancy the death associated with?  
If yes, was there a delivery?      1. Yes      2. No

1. Yes      2. No

Name and Signature of the Medical Attendant certifying the Cause of Death  
Date of Verification: \_\_\_\_\_