

**PROFORMA FOR SENDING DETAILS OF UNIDENTIFIED DEAD BODY TO DCRB**

1.	District	Palakkad		
2.	Sub Division	Shornur		
3.	Circle	Ottapalam		
4.	Police station	Ottapalam		
5.	Crime Number & Sec of Law	516/2016 u/s 279, 304(A) IPC		
6.	Date & Time of Occurrence	28.05.2016 at 10.00 Hrs		
7.	Date & Time of Report	05.06.2016 at 12.41 Hrs		
8.	Place of occurrence	Near Vengery Temple, Ottapalam		
9.	Name, Address of the Complainant	Superintendant, Medical College Hospital, Thrissur		
10.	Name & Address of the unidentified dead body person	Not Known		
11.	Sex of the deceased	Male	12)Age	25 (Approximate) about 80 Years
13	Physical Features			
	a) Identification mark			
	b) Complexion	Medium	c) Height	165 CM
	d) Weight		e) Colour of eyes	
	f) Whether Fat, Plum or Lean	Fat	g) Colour and length of Hair	8 Cm
13	h) Any other Identifications			
14	Wearing dress Colour			
	Design, Type and make	Dhothi		
15	Wearing ornaments and any other distinguishing features.	No		
16	Whether belongs to SC/ST	Not Known		
17	Any relevant details available for tracing.	Nil		
18	Whether utilized the service of Scientific experts	No		
19	Whether it is homicide/ Suicide/ Accidental Death/ Natural Death	Motor Accident Death		
20	Name &Address of the Officer to Contact	Sub Inspector of Police, Ottapalam Police Station		
21	Brief of the Case	Aproximately 80 years old Male deceased while undergoing treatment at Medical College Hospital, Thrissur due to a Motor Accident.		
22	Prepared by	CPO 6135 Vijayakumaran		
23	Checked by	R.R.Rebeesh, SI of Police, Ottapalam Police Station.		

