BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL, BANGALORE
M.V.C No 875/2026

PETITIONER: **KAVANA**

V/S

RESPONDENTS: **SANJAY D N & ANOTHER**

PW 3

EXAMINATION CHIEF OF PW- BY WAY OF AFFIDAVIT

III Addl. Judge
Court of Small Causes and AC...
Bengaluru City

Name:	**Dr.Nagaraj. B. N**
Father's Name:	**Late B.K.N. Swamy**
Age:	**59yrs.**
Occupation:	**Orthopaedic Surgeon, SOADS,**
Residence:	**Bangalore**

1. I Dr. Nagaraj. B.N. s/o late B.K.N. Swamy aged 59 years working as an Orthopaedic surgeon at Sai Ortho And Dental Senter and resident of Bangalore, do hereby solemnly affirm and state on oath as follows.
2. I submit that a patient by name Ms. Kavana B R aged 20 years came to me on 25/07/2026 for assessment of disability.
3. I submit he gave an alleged H/O RTA on 24/11/2025 and sustained **left shaft of humerus fracture and left tibia and fibula fracture.**
4. I submit as per the copy of the discharge summary the petitioner was treated at Life Care Hospital with ORIF for left humerus and left tibia with plate and screws on and later discharged on 28/11/2025 she said she was on regular follow up in the same hospital during her follow up she underwent dynamization.
5. I submit the petitioner now complains of pain and weakness in the left leg unable to sit down squat unable to grip unable to lift weights.
6. I submit on examination the petitioner has wasting of left thigh & calf muscles restricted left knee & ankle movements, restricted left shoulder & elbow movements.
7. I submit the recent X-ray of the left humerus & left leg shows united fracture with implant in-situ.
8. I submit the petitioner was examined clinically, radiologically and assessment of disability was done as per the guidelines and gazette notification Part II, sec 3- sub-Sec (ii) No. 61 New Delhi 12/3/2024, issued by the Ministry of Social Justice & Empowerment, GOI and based on guides to Evaluation of permanent impairment by AMA,

NOTARY
K.G. RAJPAL
In & throughout
BENGALURU AREA
Regn. No. 348
Expiry Date
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ASSESEMENT OF DISABLITY OF LEFT LOWER LIMB

- MOBILITY
- STABILITY
- ADDITIONAL POINTS

a. MOBILITY ASSESEMENT

Range Of Movements & Muscle Power (90%) Hip, Knee, Ankle (Goniometer)

Range Of Movements	RIGHT	LEFT	LOSS	DISABLITY
HIP	Normal	Normal	Nil	Nil
KNEE				
FLEX-EXT	0-125^0	0-90^0	30%	15%
ANKLE/FOOT				
DORSI FLEX-EXT	0-70^0	0-50^0	28%	11%
INVR-EVR	0-60^0	0-45^0	25%	

POWER				
HIP	5	5		
KNEE	5	4	6%	
ANKLE	5	4	6%	12%

TOTAL LOSS OF MOBILITY=34% (A= 26%, B=12%)

TELESCOPIC FORMULA =A+B (90-A)/90

b. STABILITY COMPONENT (Clinical method of evaluation)

Each activity scores 10 for inability and 5 for difficulty

	Inability	Difficulty
1. Ability to walk on plain surface (20 Mts)		
2. Ability to walk on slope (35^0)		5%
3. Ability to climb steps (10)		5%
4. Ability to stand on both legs		
5. Ability to stand on affected leg (10secs)		
6. Ability to squat (3 Mins)		5%
7. Ability to sit on cross legs (10 Mins)		5%
8. Ability to sit on knees		
9. Ability to turn (90^0)		

TOTAL LOSS OF STABILITY COMPONENT = 20x0.9=18% (A=34, B=18)

TELESCOPIC FORMULA =A+B (90-A)/90

TELESCOPIC FORMULA FOR MOBILITY & STABILITY= 42%

c. ADDITIONAL POINTS (added directly to a maximum of 10 points)

	Max.	Existing
Deformity in functional position	3%	
Deformity in non-functional position	6%	
Partial loss of sensation	6%	
Total loss of sensation	9%	
Shortening		
Superficial Complication Deep complication	3% 6%	

Additional points=

TOTAL PHYSICAL DISABILITY OF THE LEFT LOWER LIMB=42%

ASSESSMENT OF DISABILITY OF LEFT UPPER LIMB

ARM COMPONENT & HAND COMPONENT

ASSESSMENT OF LEFT ARM COMPONENT

Mobility Component, Stability Component, Coordination Activities & Additional Points.

d. ASSESSMENT OF MOBILITY

ROM	RIGHT	LEFT	Loss	Disability
Shoulder Abd/Add Rotation Flex/Ext	 0-180° 0-180° 0-220°	 0-90° 0-90° 0-110°	 50% 50% 50%	 17%
Elbow Flexion/Extension	0-140°	$0-90^0$	35%	13%
Forearm Sup –Pronation	0-180°	Normal	Nil	Nil
Wrist Palmar/dorsi flexion	0-180°	Normal	Nil	Nil

TOTAL LOSS OF MOBILITY COMPONMENTS = 30%

e. ASSESSMENTS OF STABILITY

POWER	NORMAL	EXISTING	LOSS
Shoulder	5	4	6%
Elbow	5	4	6%
Wrist	5	5	Nil

TOTAL LOSS OF STABILITY COMPONENTS = 12%

SUM OF STABILITY AND MOBILITY COMPONENTS = 38%

Telescopic formula A=30, B= 12 **(TELESCOPIC FORMULA A+B (90-A)/90)**

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f. ASSESSMENTS OF CORODINATION ACTIVITIES

Co – ordinate activities	Inability	Existing
Lifting overhead objects & placing	9%	5%
Touching the nose with tip	9%	
Eating Indian style	9%	
Combing	9%	
Putting and removing shirt	9%	5%
Drinking glass of water	9%	
Buttoning	9%	
Ablutions	9%	5%
Tie nada dhoti	9%	
Writing	9%	

TOTAL LOSS OF CO – ORDINATED ACTIVITIES = 15%
SUM OF ALL =46% (using Telescopic Formula)

g. ADDITIONAL POINTS: A total of 10% weightage can be added directly to the disability without telescopic formula

Pain	Mild	3%	
	Moderate	6%	
	Severe	9%	
Deformity	Functional positions	3%	
	Nonfunctional positions	6%	
Mal Alignment	Functional positions	3%	
	Nonfunctional positions	6%	
Contractures		6%	
Infection	Superficial	3%	
	Deep	6%	
Cosmetic Deformity		6%	
Shortening	First ½ inch	Nil	
	1 inch for every inch	2%	
Dominant Hand		10%	

TOTAL ADDITIONAL POINTS =
TOTAL DISABILITY OF THE LEFT ARM = 45%

TOTAL PHYSICAL DISABILITY OF THE LEFT LOWER LIMB=42%
TOTAL PHYSICAL DISABILITY OF THE LEFT UPPER LIMB=45%

WHOLE BODY PHYSICAL DISABILITY = 27%
(added using telescopic formula)

9. I submit the petitioner needs another surgery for the removal of the implant the estimate of this surgery is around Rupees Sixty thousand.

10. In support of this case, I am producing a latest X-ray and clinical report.

11. What is stated above is true and correct to the best of my knowledge, information and belief.

Identified by me

Advocate
Bangalore

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Deponent

SWORN TO BEFORE ME
K G. RAJPAL, B.Sc., LL.B
ADVOCATE & NOTARY
No 10, K.R. Road, Fort,
BANGALORE-560 002.

No of corrections – (1) only

ಸಾಕ್ಷಿಗೆ ದಿನಾಂಕ 04-08-2026 ರಂದು -ಕರೆಸಿ ಪ್ರಮಾಣ ವಚನ ಬೋಧಿಸಲಾಯಿತು.

ಮುಖ್ಯ ವಿಚಾರಣೆ: ಅರ್ಜಿದಾರರ ಪರ ಶ್ರೀಮತಿ ಎ ಕೆ ಆರ್ ವಕೀಲರಿಂದಃ

1. ನಾನು ಈ ಪ್ರಕರಣದಲ್ಲಿ ವೈದ್ಯ ಸಾಕ್ಷಿದಾರನಾಗಿರುತ್ತೇನೆ. ನನ್ನ ಮುಖ್ಯ ವಿಚಾರಣೆ ಸಾಕ್ಷ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ನಾನು ಈ ದಿನ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ಸಲ್ಲಿಸುತ್ತಿದ್ದೇನೆ. ಅದರಲ್ಲಿರುವ ಅಂಶಗಳು ಸತ್ಯವಾಗಿರುತ್ತವೆ. ಅದನ್ನು ನಾನು ಓದಿ ತಿಳಿದುಕೊಂಡು ಸಹಿಮಾಡಿರುತ್ತೇನೆ.

2. ನಾನು ಈ ಪ್ರಕರಣದಲ್ಲಿ ಗಾಯಾಳುವಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಈ ಕೆಳಕಂಡ ದಾಖಲೆಗಳನ್ನು ಹಾಜರು ಮಾಡುತ್ತಿದ್ದೇನೆ. ಸಾಕ್ಷಿದಾರರು ಮಾಡಿದ ದಾಖಲಾತಿಗಳನ್ನು ಈ ಕೆಳಕಂಡಂತೆ ನಿಶಾನಿಕರಿಸಲಾಗಿರುತ್ತದೆ.:

ನಿ.ಪಿ 27	ಕ್ಲಿನಿಕಲ್ ನೋಟ್ಸ್
ನಿ.ಪಿ 28	ಎಕ್ಸ್-ರೇ

ಪಾಟೀ ಸವಾಲುಃ ಮುಂದೂಡಲಾಯಿತು.

(ನನ್ನ ಉಕ್ತ ಲೇಖನದಂತೆ ತೆರೆದ ನ್ಯಾಯಾಲಯದಲ್ಲಿ ಗಣಕಯಂತ್ರದಲ್ಲಿ ಬೆರಳಚ್ಚು ಮಾಡಿಸಲ್ಪಟ್ಟಿದೆ.)

(ಓ. ಹೇ. ಕೇ. ಸ.ಇ)

(ಧನೇಶ್ ಮುಗಳಿ) 04/08

3ನೇ ಹೆಚ್ಚುವರಿ ಲಘು ವ್ಯವಹಾರಗಳ
ನ್ಯಾಯಾಧೀಶರು, ಬೆಂಗಳೂರು.