DETAILED ACCIDENT REPORT (DAR)
(To be submitted by the Investigation Officer)

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1	1	11	-	1

ART-1	
and the second s	04/01/23 23.15
	02/23 u/s 174 Crpc
	Railway police station Gondia
Offrnce as per per report under section 173 or 174 Crpc	174 Crpc
Place of accident/incedent	Railway station kachewani
a)Line Number	yard
b)Plotform Number	yard
c)Nearest pole Number	1023/19
Train involved if known	
Source of InformationWho reported the accident to the police(Give name,add& contact no)	On duty Dyss Railway station Gondia
Drive/guard/passenger/Other	
Victim	
Witness	
Hospital/MedicalFacility	
The state of the s	Police
	WHC- 440 MANE
	URP GONOIA
enclosed)	OKP MOHOSA
Name of the person injured/death of known	sima chotelal rahangdale
Age	47 year
Sex	Female
Address	Add- bhandewadi tah dist nagpur
Name and relationship of co-passenger if any who could identily/deceased	
Address of co- passenger	
If ticket recoverd from passenger at the site	No
Ticket No	
Date of journey	
Date and time io issue	
If ticket is shown recovered latar	
If ticket is shown recovered latar Place of recover	
Place of recover Time of recover	
Place of recover Time of recover If the injured or deceased victim was suspected to	No
Place of recover Time of recover If the injured or deceased victim was suspected to be in an inebriated state at the time of the incedent	No
Place of recover Time of recover If the injured or deceased victim was suspected to be in an inebriated state at the time of the incedent was the blood of the victim medically analyzed	
Place of recover Time of recover If the injured or deceased victim was suspected to be in an inebriated state at the time of the incedent was the blood of the victim medically analyzed If yes did it reveal any alcohole or narcotie	
Place of recover Time of recover If the injured or deceased victim was suspected to be in an inebriated state at the time of the incedent was the blood of the victim medically analyzed If yes did it reveal any alcohole or narcotic substance	
Place of recover Time of recover If the injured or deceased victim was suspected to be in an inebriated state at the time of the incedent was the blood of the victim medically analyzed If yes did it reveal any alcohole or narcotie	
	Place of accident/incedent a)Line Number b)Plotform Number c)Nearest pole Number Train involved if known Source of InformationWho reported the accident to the police(Give name,add& contact no) Drive /guard/passenger/Other Victim Witness Hospital/MedicalFacility Who removed the body from the track Name of the person who look the victim to the hospital and name of the hospital Officer who first visited the isde(If other than inquiry Officer his/her statement to be enclosed) Name of the person injured/death of known Age Sex Address Name and relationship of co-passenger if any who could identily/deceased Address of co- passenger  If ticket recoverd from passenger at the site Ticket No Date of journey Date and time io issue

PART-II Hospital Admssion Particulars

	mospital attitudes at the	CIC HILLI S
1	i) Name of the hospital	0.0000000000000000000000000000000000000
	Date and time of admission	
Ì	Date and time of discharg	400000000000000000000000000000000000000
1.2	Nature of injuries - Fatal/Gricvous/Simple	
.3	Details of person who admitted the injured to	365663355633565366533333
	the hospital name	
	Mobile No	
	Contact details	9 5 5 c 2 x 5 + 5 5 6 c 5
-1	It dead date and time of death	
35	In case of death, whether post morterm done	0622000000000000
6	Manner of disposal of deatbody	AN

### PART-III

Documents/Information submitted by GRP(Tick Yes/No)

	boetiments/information submitted by divi	Hen respinos
1	Frist Information Report	Yes
2	Memo of the Station Master & ODR extract (combined Guard and Driver Report)	Yes
3	Site plan in ternm of Clause 5 of part	No
4	Photography taken at the side  Track Character  Straight and level  Straight and grade  Curve and level  Curve and Grade  Under construction / maintenance	No
5	Statement of witness	

Form -2 (Refer Rule 6)

13	RIFE PARTICULARS OF UNTOWARD INCIDENT	
11	Date and time of the untowared incidents	04/01/23 before time 23-15
2	blast c)rioting d)shootout e) aerson f) dacoiry/robbary g) violent attact	other
3	FIR nmber and address of the police station where FIR is registered	A.D. No 02/23 u/s 174 Crpc
4	Medical report if available:-	
5	Name address and parentage of the first information	on duty dyss railway station kachewani
6	Name and designation of the Railway ifficer who reached the place of incident first:	
7	Name address and parentage of the first Information	
8	Name, age, sex and address of the victim :	sima chotelal rahangdale <b>Agg-</b> 47 year <b>sex-</b> female, <b>Add-</b> bhandewadi tah Dist—nagpur
9	Photograph at the side where the victim was found:	yes
10	Name and number of the tain involved -	
11	The actual time of arrival and departure of the train in question ( As per TSR of the Station nearest to the place of incident)	
12	report etc-	On duty Dyss Memo Railway station GOndia
13	Kilometer at whice the passenger fell orperson was knocked down;-	1023 /10
14	Type of injured noticed by the Guard/Driver/TTE and the train stopped or was the alarm chain pulled to stop the train:	NO
15	Type of injuries sustained by the injured grievous/simpal, permanents/partial disablement:-	NO
16	Time & place the body was detected-:	Before time 23.15 Railway station kachewani Yard
17	postion of the body in relation to the tracks:-	On Track
18	Blood stains on ballast or engine extent of the injuries and whether primea facie inflicted by the train or otherwise-:	No
19	position of any clothing etc found on or near the rails:-	No
20	Details of article seized including tickets from the body of the victim:-	NO
21	Whether genuineness of the ticket is verified from the consol:	No
22	Whether the ticket alleged to have been recovered is compatible with time of its issuance and where the victim was found-:	NO
23	How the injured or death person was deait with (Whether medical help was given to the injured Whether he was admitted to any hospital was the person identified was post mortem carried out was inquest report obtained were the relatives of the injured/death informed):	NO
24	If chiled also give the name and address of the guardian at the time and his relationship to the child	NO
25	Brief statement of the injured person containing cause of accidents	NO
26	Name and signature of the passenger in whose presence the statement is recored ::	No
27	In the case of a child the name and signature of guardian-:	No
28	Statement of co- passenger :-	

Date--

Police Station Officer Railway Police Station GONDIA

Name and Designation of Investigation Officeer

Ns mane

WHC-940

# DETAILED ACCIDENT REPORT (DAR) (To be submitted by the Investigation Officer) PART-1

	PART-1	
1	Date & Time of the Incident	10/01/23 Befoe 12-35
2	FIRNo/DD no adate and under section	03/23 u/s 174 Crpc
3	Name of rhe police station	Railway police station Gondia
4	Offrnce as per per report under section 173 or 174 Crpc	174 Crpc
5	Place of accident/incedent	Railway station koka
	a)Line Number	
	b)Plotform Number	
	c)Nearest pole Number	1061/16-14
6	Train involved if known	
7	Source of InformationWho reported the accident to the police(Give name,add& contact no)	On duty Dyss Railway station koka
	Drive /guard/passenger/Other	train 12844 Loco pilat
	Victim	
	Witness	
	Hospital/MedicalFacility	
8	Who removed the body from the track	Police
9	Name of the person who look the victim to the hospital and name of the hospital	
10	Officer who first visited the isde(If other than inquiry Officer his/her statement to be enclosed)	psi/ 453 ashok yadav GRP Gondia
11	Name of the person injured/death of known	shishupal badi mahara
12	Age	34 year
13	Sex	male
14	Address	Add- sanacher kegaon Kalahari orisa
15	Name and relationship of co-passenger if any who could identify/deceased	
16	Address of co- passenger	
17	If ticket recoverd from passenger at the site	No
	Ticket No	
	Date of journey	
	Date and time io issue	
	If ticket is shown recovered latar	
	Place of recover	
	Time of recover	
	If the injured or deceased victim was suspected to be in an inebriated state at the time of the incedent was the blood of the victim medically analyzed	No
	If yes did it reveal any alcohole or narcotie substance	
	Any natural cause or disease or medical or surgical trement unless such treatment becomes necessary due to injury caused by the said untoward incident	

PART-II

Hospital Admssion Pa	articulare
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1		rectiful 3
1	k) Name of the hospital Date and time of admission	
}		
	Date and time of discharg	
2	Nature of injuries - Fatal/Gricvous/Simple	
3	Details of person who admitted the injured $\mathfrak{t}_0$ the hospital name	
	Mobile No	
	Contact details	
4	If dead date and time of death	
5	In case of death whether post morterm done	
6	Manner of disposal of deatbody	

PART-III

Documents/Information submitted by GRP(Tick Yes/No)

1	Frist Information Report	Yes
2	Memo of the Station Master & ODR extract (combined Guard and Driver Report)	Yes
3	Site plan in term of Clause 5 of part	No
4	Photography taken at the side     Track Character     Straight and level     Straight and grade     Curve and level     Curve and Grade  Under consruction /maintenance	No
5	Statement of witness	

### Form -2 (Refer Rule 6)

BRIFE PARTICUL	ARS OF UNTOWA	RD INCIDENT
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BRIE	E PARTICULARS OF UNTOWARD INCIDENT	10.05
DIXII	Date and time of the untoward incidents	10/01/23 before time 12-35
2	Nature of unforward incidents (please specify a) accidental fall b)bomb blast c)rioting d)shootout e) aerson f) dacoiry/robbary g) violent attact h) terrorist act/attaced () j) trespassing k) suicide j) other	other
3	FIR nmber and address of the police station where FIR is registered	Δ.D. No 03/23 u/s 174 Crpc
,	Medical report if available :-	
1 5	Name address and parentage of the first information	train 12844 Loco pilat
)	Name address and parentage of the first information	
()	Name and designation of the Railway officer who reached the place of incident first:-	
7	Name address and parentage of the first Information	train 12844 Loco pilat
8	Name, age, sex and address of the victim:	shishupal badi mahara <b>Agg-</b> 34 year <b>sex-</b> male, <b>Add-sanacher kegaon</b> <b>Kalahari orisa</b>
()	Photograph at the side where the victim was found:	yes
10	Name and number of the tain involved -:	
11	The actual time of arrival and departure of the train in question ( As per	
	TSR of the Station nearest to the place of incident)	On duty Dyss Memo Railway
12	Certified copies of station dairy, untoward incident register TSR GDR	station koka
	report etc-	km/no 1061/16-14
13	Kilometer at whice the passenger fell oarsperson was knocked down;	NO
14	Type of injured noticed by the Guard/Driver/TTE and the train stopped or was the alarm chain pulled to stop the train:-	
15	Type of injuries sustained by the injured grievous/simpal, permanents/partial disablement:-	NO
16	Time & place the body was detected-:	Before time 12-35 Railway statio Gondia
17	postion of the body in relation to the tracks:-	On Track
18	Blood stains on ballast or engine extent of the injuries and whether primea facie inflicted by the train or otherwise-:	No
1.9	position of any clothing etc found on or near the rails:	No
20	Dotails of article seized including tickets from the body of the victim:	NO
21	Whether genuineness of the ticket is verified from the consol:	No
	the tighet alleged to have been recovered is compatible with	NO
22	Judgara the WCDD Was louing.	
00	How the injured or death person was death with which he has admitted to any hospital was	
23	in the state of th	
	the person identified was post mortell carried out was inquised to the injuried (death informed):	
24	the person identified was post morten carried out into inquest report obtained were the relatives of the injured/death informed):  If chiled also give the name and address of the guardian at the time and	NO
	the person identified was post morten carried out into improve obtained were the relatives of the injured/death informed):  If chiled also give the name and address of the guardian at the time and his relationship to the child	NO NO
24	the person identified was post morten carried out who improved obtained were the relatives of the injured/death informed):  If chiled also give the name and address of the guardian at the time and his relationship to the child  Brief statement of the injured person containing cause of accidents  Name and signature of the passenger in whose presence the statement	NO NO
24	the person identified was post morten carried out into improve obtained were the relatives of the injured/death informed):  If chiled also give the name and address of the guardian at the time and his relationship to the child	NO NO

Name and Designation of Investigation Officeer

Date--

## DETAILED ACCIDENT REPORT (DAR) (To be submitted by the Investigation Officer) PART-1

1	Date & Time of the Incident	
2	oute & time of the incident	12/01/23 Before 20-45 pm
3	FIRNo/DD no adate and under section	05/23 u/s 174 Crpc
4	Name of police station	Railway police station Gondia
5	Offence as per per report under section 173 or 174 Crpc	174 Crpc
5	Place of accident/incedent	Railway station GONDIA front on gents
		waiting hall pf no 3 railway tracks
		(accidental fall)
	a)Line Number	
	b)Platform Number	Railway 1000station gondia pf no 03
	c)Nearest pole Number	km/no 1000/47 A
6	Train involved if known	20918 Puri indoor Ex
7	Source of InformationWho reported the accident to the	On Duty Dyss Railway Station Gondia
	police(Give name,add& contact no)	
	Drive/guard/passenger/Other	
	Victim	
	Witness	
	Hospital/Medical Facility	
8	Who removed the body from the track	GRP Staff & cleaning Staff
9	Name of the person who look the victim to the hospital and name of the hospital	
10	Officer who first visited the side(If other than inquiry	API Raut & HC 679 Ishwar
	Officer his/her statement to be enclosed)	GRP Gondia
1.1	Name of the person injured/death of known	Atul jagan Kapse
12	Age	33 year
13	Sex	male
14	Address	Ward no 6 shrada nagar gadchandur
		tah- korpana dist- chandrapur
15	Name and relationship of co-passenger if any who could identify/deceased	
16	Address of co- passenger	
17	If ticket recovered from passenger at the site	yes rly station chandaford to wadasa
	Ticket No	AXA 43729722
	Date of journey	12/01/2023
	Date and time io issue	12/01/2023 10.07 AM
	If ticket is shown recovered latar	
	Place of recover	Dead body
	Time of recover	23.20 PM
	If the injured or deceased victim was suspected to be in an inebriated state at the time of the incident was the	No
	blood of the victim medically analyzed If yes did it reveal any alcohol or narcotic substance	
	Any natural cause or disease or medical or surgical trement unless such treatment becomes necessary due to injury caused by the said untoward incident	Untoward incident

## PART-II

Hospital	Admssion	Particulars
1		- Culcus

1	X) Name of the hornital	Cticulo
1	- Jame of the hospital	reculars
	Date and time of admission	
	Date and time of discharg	
2	Nature of injuries - Fatal/Gricvous/Simple	
3	Details of person who admitted the injured to the hospital name	
	Mobile No	
	Contact details	
4	If dead date and time of death	
5	In case of death whether post morterm done	
6	Manner of disposal of deat body	
	PART-III	
	D	

Documents/Information submitted by GRP(Tick Yes/No)

1	Frist Information Report  Frist Information Report	
2	Memo of the Station Master & ODR extract (combined Guard and Driver Report)	Yes
	11.01.1(0)	Yes
3	Site plan in term of Clause 5 of part	No
4	Photography taken at the side	
	Track Character	No
	Straight and level     Straight and grade	
	<ul><li>Straight and grade</li><li>Curve and level</li></ul>	
	• Curve and Grade	
	• Under consruction /maintenance	
5	Statement of witness	

Form -2 (Refer Rule 6) BRIFE PARTICULARS 0

Fr. O. Crimina	Date and time of the untoward incidents	ENT
1	Date and time of the untoward incidents	12/01/23 BEFORE 20.45 AM
2	Nature of unforward incidents (please specify a) accidental fall b)bomb blast c)rioting d)shootout e) arson f) dacoiry/robbary g) violent attact h) terrorist act/attaced i) j) trespassing k) suicidents.	Other
3	h) terrorist act/attaced i) j) trespassing k) suicide j) other	
	FIR number and address of the police station where FIR is registered	A.D. No. 05/23 u/s 174 Crpc
4	Medical report if available:	
5	Name address and parentage of the first information	C. I. I. I. I. CONDIA
6	incident first:-	On duty dyss GONDIA
7	Name address and parentage of the first Information	
8	Name, age, sex and address of the victim :	Atul jagan Kapse age- 33 years ADD- Ward no 6 shrada nagar gadchandur tah- korpana dist- chandrapur
9	Photograph at the side where the victim was found:	
10	Name and number of the train involved -:	20918 Puri indor
11	The actual time of arrival and departure of the train in question (As per TSR of the Station nearest to the place of incident)	
12	Certified copies of station dairy, untoward incident register TSR GDR report etc-	
13	Kilometer at whice the passenger fell oarsperson was knocked down;-	Railway station Gondia KM NC 1000/47 A
14	Type of injured noticed by the Guard/Driver/TTE and the train stopped or was the alarm chain pulled to stop the train:-	NO
15	Type of injuries sustained by the injured grievous/simple, permanents/partial disablement:-	NO
16	Time & place the body was detected-:	12/01/23 BEFORE 20.45 AM
17	position of the body in relation to the tracks:-	On Tracks
18	Blood stains on ballast or engine extent of the injuries and whether primea facie inflicted by the train or otherwise-:	No
19	position of any clothing etc found on or near the rails:-	No
20	Details of article seized including tickets from the body of the victim:-	NO
21	Whether genuineness of the ticket is verified from the consol:	No
22	Whether the ticket alleged to have been recovered is compatible with time of its issuance and where the victim was found-:	NO
23	How the injured or death person was deait with (Whether medical help was given to the injured Whether he was admitted to any hospital was the person identified was post mortem carried out was inquest report obtained were the relatives of the injured/death informed):	
24	If child also give the name and address of the guardian at the time and	NO
25	Brief statement of the injured person containing cause of accidents	NO
26	Name and signature of the passenger in whose presence the statement is recorded ::-	No
27	In the case of a child the name and signature of guardian-:	No
28	Statement of co- passenger:	No

Name and Designation of Investigation Officer

Date--

Ponce Station Officer Railway Police Station GONDIA