

DCTC



ANNEXURE A

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	दि. 17/02/23 - वे 13:30 वा सुते
2.	FIR No. / DD No., date and Under Section:	नयामी कोर्ट क्र. 02/23 दि. 17/02/23
3.	Name of the Police Station:	रे.पो.जे. इतवारी
4.	Offences as per report under Section 173 or 174 Cr.P.C.	-
5.	Place of accident / incident:	रे.जे. कामठी चौक
	a) Line Number:	रमा नगर गार क्र. 504
	b) Platform Number:	जवळ गाडी क्र. 12344
	c) Nearest Pole Number:	गाडीची बंधक लागले
6.	Trains involved, if known:	गाडी क्र. 12344
	Source of information:	
	* Who reported the accident to the Police? (Give name, address & contact no.)	ऑन ड्युटी ड्यू. 5-5. रे. जे. कामठी
7.	* Driver/Guard/Passenger/Other:	
	* Victim:	
	* Witnesses:	
	* Hospital./Medical facility:	
8.	Who removed the body from the track:	-
9.	Name of the person who took the victim to the hospital and name of the hospital:	सरकारी उप-जोडा प्राथमिक रुग्णालय सरकारी उप-जोडा प्राथमिक रुग्णालय
10.	Officer who first visited the site (If other than Inquiry Officer, his/her statement to be enclosed):	HC/259 दुर्गाप्रसाद रेकारे कामठी
11.	Name of the person injured/ dead, if known:	गोवर्धन आत्मनंद जाधवजी
12.	Age:	66 वर्ष
13.	Sex:	पुरुष
14.	Address:	मकान नं. 754 काशीप्राणी मोगाजी चौक, कामठी, जे. नागपूर.
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	-
16.	Address of co-passenger(s):	-
17.	If ticket recovered from passenger at the site: Ticket No.:	Yes/No
	* Date of Journey:	
	* Date and Time of issue:	
	* If ticket is shown recovered later:	
	* Place of recovery:	
	* Time of recovery:	

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<p>If the injured or deceased victim was suspected to be in an inebriated state at the time of the incident, was the blood of the victim medically analyzed:</p>	<p>Yes / No</p>
<p>If yes, did it reveal any alcohol or narcotic substance:</p>	<p>Yes/No</p>
<p>(c) any natural cause or disease or medical or surgical treatment unless such treatment becomes necessary due to injury caused by the said untoward incident:</p>	<p>Yes/No</p>

PART - II

Hospital Admission Particulars:

1.	<p>(a) Name of the hospital(s): (b) Date and time of admission: (c) Date and time of discharge:</p>	<p>उपाजिवाहा सामान्य श्मिात रुग्णालय काठमाडौं 17/02/23</p>
2.	<p>Nature of Injuries- Fatal/ Grievous/ Simple:</p>	<p>Grievous</p>
3.	<p>Details of person who admitted the injured to the hospital: • Name: • Mobile No.: • Contact Details:</p>	<p>आजुवाहा सामान्य श्मिात रुग्णालय काठमाडौं आजुवाहा सामान्य श्मिात रुग्णालय काठमाडौं</p>
4.	<p>If dead, date and time of death:</p>	<p>—</p>
5.	<p>In case of death, whether post-mortem done:</p>	<p>—</p>
6.	<p>Manner of disposal of dead body (Claimed or Unclaimed):</p>	<p>Unclaimed</p>

PART - III

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

1.	<p>First Information Report:</p>	<p>Yes/No</p>
2.	<p>Memo of the Station Master & ODR extract (combined Guard and Driver Report):</p>	<p>Yes/No</p>
3.	<p>Site Plan in terms of Clause 5 of Part-I:</p>	<p>Yes/No</p>
	<p>Photographs taken at the site</p> <ul style="list-style-type: none"> • Track Character • Straight and Level • Straight and Grade • Curve and Level • Curve and Grade • Under Construction/ maintenance 	<p>Yes/No</p>
5.	<p>Statement(s) of witnesses</p>	<p>Yes/No</p>