

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	02/02/2023	02-154
2.	FIR No. / DD No., date and under Section:	09/2023, 0034174 CRPC	
3.	Name of the Police Station:	Railway Police Stn, Nag	
4.	Offences as per report under Section 173 or 174 Cr PC	174 CRPC	
5.	Place of accident / incident :	दरभंगा - 310111 गंगा घाट पर	
	a) Line Number :	दरभंगा - 310111	
	b) Platform Number :	310111	
	c) Nearest Pole Number :	दरभंगा - 310111	
6.	Train involved, if known:	कोलकाता एक्सप्रेस	
7.	Source of information: <ul style="list-style-type: none"> Who reported the accident to the Police? (Give name, address & contact no.) Driver/Guard/Passenger/Others Victim Witness Hospital/Medical facility 	को. 09/0453 गंगा घाट पर को. 02/02/2023 0034174 नारायण शर्मा	
8.	Who removed the body from the track:	(INJURED) एन.ए.ए.ए.	
9.	Name of the person who took the victim to the hospital and name of the hospital:	RPF HCP/दरभंगा रेलवे स्टेशन PC/दरभंगा	
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	APJ को. 02/02/2023	
11.	Name of the person injured/ dead, if known:	कुलदीप कुमार शर्मा	
12.	Age:	37 वर्ष	
13.	Sex:	पुरुष (M)	
14.	Address:	दरभंगा (F)	
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	को. 02/02/2023 0034174 पत्नी सुश्री सुश्री शर्मा	
16.	Address of co-passenger(s):	—	
17.	If ticket recovered from passenger at the site: Ticket No.:	Yes/No	
	<ul style="list-style-type: none"> Date of Journey: Date and Time of issue: If ticket is shown recovered later: Place of recovery: Time of recovery: 	— — — — —	


 03/03/23

	<ul style="list-style-type: none"> • Details of person from whom recovered: • Name: • Mobile No.: • Contact details: 	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. (i)	List of articles recovered:	NO
(ii)	Was/Were there (a) cell phone(s) with the victim?	Yes/No ✓
(iii)	If yes, what was/were the phone number(s):	NO
(iv)	Working condition:	Yes/No ✓
(v)	If yes, what was the last call to or from with time and number:	—
(vi)	Was the number contacted and person verified:	—
(vii)	Details of the location of the mobile phone at the time of last call made/ received obtained from the relevant Telecom Service Provider:	—
(viii)	Details of any important information:	—
19.	Names, relationship and addresses of dependents of deceased: Identity of injured/ dependents of deceased: <ul style="list-style-type: none"> • Aadhaar Card • Electoral Identity Card • Ration Card • Birth Certificate • Family Card • Others 	
20.	Possible cause for Death or Injury (By fall while boarding, de-boarding, travelling etc.): Any material or circumstance for suspecting any of the exceptions mentioned in Section 124A of the Railways Act: - (a) Suicide or attempted suicide by him: If suicide or illness as cause of death suspected, was any medical record available: If yes, the name and the statement of the treating doctor recorded: (b) self-inflicted injury: (c) his own criminal act: (d) any act committed by him in a state of intoxication or insanity:	Yes / No ✓

<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>(e) 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>Said Temporal fracture she is injured by Some Unknown moving load at Ajaypind.</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>Medical College Hosp 31/01/2023 at 15.20hr.</p>
2.	<p>Nature of Injuries- Fatal/ Grievous/ Simple:</p>	<p>Injuries On Head शिरासि वरि मर</p>
3.	<p>Details of person who admitted the injured to the hospital: • Name: • Mobile No.: • Contact Details:</p>	<p>RPF HC/21094 (111111) PC/889885 —</p>
4.	<p>If dead, date and time of death:</p>	<p>02/02/2023 - 02/1501</p>
5.	<p>In case of death, whether post mortem done:</p>	<p>Medical College Hosp.</p>
6.	<p>Manner of disposal of dead body (Claimed or Unclaimed):</p>	<p>Unclaimed.</p>

PART – III

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

1.	<p>First Information Report:</p>	<p>Yes / No</p>
2.	<p>Memo of the Station Master & GDR 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>
4.	<p>Photographs taken at the site • Track Character • Straight and Level • Straight and Grade • Curve and Level • Curve and Grade • Under Construction/ maintenance</p>	<p>Yes / No</p>
5.	<p>Statement(s) of witnesses</p>	<p>Yes/ No</p>

Handwritten signature and date:
03/03/23

6.	Statement of Loco-pilot in case of run over to his knowledge	Yes/ No
7.	Statement of Guard	Yes/ No
8.	Inquest report:	Yes/ No
	Body identified:	FATHER
	Who identified the body	At the time of Inquest.
	When identified:	Medical Hosp.
	Where identified:	FATHER
	Details of person who identified:	26/01/2016
	Name:	
	Mobile No.	7620766144
9.	Final report to Jurisdictional Magistrate:	Yes/ No
10.	MLR/MLC No:	
11.	Discharge summary from Hospital:	Yes/ No
12.	Post mortem report:	Yes/ No
13.	Recovery memo/ seizure memo during <i>Jama talashi</i> :	Yes/ No
14.	Site Map:	Yes/ No
15.	Photographs:	Yes/ No
16.	Any other relevant documents/ information:	Yes/ No

VERIFICATION

Verified at _____ on this _____ of _____ that the contents of the above report are true and correct and the documents mentioned in Part – III have been verified.

Name and Designation of Investigating Officer

Date:

MLC

[Signature]
A-8154
ओप्येस्टु एस. स्टेशन मस
तपासी अंमलदार
सहा. पोलीस उपनिरीक्षक
रे.पो.स्टे., नागपूर