

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	04/02/23 00.30 AM
2.	FIR No. / DD No., date and under Section:	ADR NO 10/2023 U/S 174 CRPC
3.	Name of the Police Station:	Railway Police Station Nagpur
4.	Offences as per report under Section 173 or 174 Cr PC	U/Sec 174 CRPC
5.	Place of accident / incident :	KATOL Railway str,
	a) Line Number :	Katol Railway str,
	b) Platform Number :	Katol Yard 981/46
	c) Nearest Pole Number :	981/46, 982/02
6.	Train involved, if known:	N. BOX
7.	Source of information: <ul style="list-style-type: none"> • Who reported the accident to the Police? (Give name, address & contact no.) • Drive/Guard/Passenger/Others • Victim • Witness • Hospital/Medical facility 	ASI 988/Vijay Masap Loco pilot Surendra Shakhari Jang Rupesh Gopal Rathod Indra Gandhi Govt Medical College Mayo Hospital Police Constable 249/Pandey
8.	Who removed the body from the track:	Police Constable 249/Pandey
9.	Name of the person who took the victim to the hospital and name of the hospital:	PC 249/Pandey ASI 988/Masap
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	PSI Shankaram Fatkare
11.	Name of the person injured/ dead, if known:	Rupesh Gopal Rathod
12.	Age:	19
13.	Sex:	Male
14.	Address:	At. Vasant Nagar Post Kondhali
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	Gopal Rathod (Father)
16.	Address of co-passenger(s):	At Vasant Nagar P. Kondhali Tal - Katol Nagpur
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: 	- - - -

JR
03/03/23

	<ul style="list-style-type: none"> • Details of person from whom recovered: • Name • Mobile No • Contact details 	---
	List of articles recovered	NO
(i)	Was/Were there (a) cell phone(s) with the victim?	Yes/No ✓
(ii)	If yes, what was/were the phone number(s):	---
(iii)	Working condition:	Yes/No ✓
(iv)	If yes, what was the last call to or from with time and number:	---
(v)	Was the number contacted and person verified:	---
(vi)	Details of the location of the mobile phone at the time of last call made/ received obtained from the relevant Telecom Service Provider:	---
(vii)	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:	suicide Yes / No

6.	Statement of Loco-pilot in case of run over to his knowledge	Yes/ No <input checked="" type="checkbox"/>
7.	Statement of Guard	Yes/ No <input checked="" type="checkbox"/>
8.	Inquest report:	Yes/No <input checked="" type="checkbox"/>
	Body identified:	Yes/ No <input checked="" type="checkbox"/>
	Who identified the body	Father
	When identified:	On the spot
	Where identified:	The spot
	Details of person who identified:	Gopal Rathod
	Name:	Gopal Rathod
	Mobile No.	9028623279
	Contact Details:	
9.	Final report to Jurisdictional Magistrate:	Yes/ No <input checked="" type="checkbox"/>
10.	MLR/MLC No:	
11.	Discharge summary from Hospital:	Yes/ No <input checked="" type="checkbox"/>
12.	Post mortem report:	Yes/ No <input checked="" type="checkbox"/>
13.	Recovery memo/ seizure memo during <i>Jama talashi</i> :	Yes/ No <input checked="" type="checkbox"/>
14.	Site Map:	Yes/ No <input checked="" type="checkbox"/>
15.	Photographs:	Yes/ No <input checked="" type="checkbox"/>
16.	Any other relevant documents/ information:	Yes/ No <input checked="" type="checkbox"/>

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:

[Signature]

[Signature]
03/03/23

Police Station

[Signature]
शांताराम पां. फटकरे
पोलीस उप निरीक्षक
लोहमार्ग पोलीस ठाणे, नागपूर

If P.C. injured or deceased victim was suspected to be in an intoxicated state at the time of the incident, was the blood of the victim medically analyzed:

Yes / No ✓

If yes, did it reveal any alcohol or narcotic substance:
 (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:

Yes/No ✓

PART - II

Hospital Admission Particulars

1.	(a) Name of the hospital(s): (b) Date and time of admission: (c) Date and time of discharge:	
2.	Nature of Injuries- Fatal/ Grievous/ Simple:	
3.	Details of person who admitted the injured to the hospital: <ul style="list-style-type: none"> • Name: • Mobile No.: • Contact Details: 	
4.	If dead, date and time of death:	
5.	In case of death, whether post mortem done:	
6.	Manner of disposal of dead body (Claimed or Unclaimed):	

PART - III

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

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