

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	7/5/23 to 11/45
2.	FIR No. / DD No., date and under Section:	AD No 11/23
3.	Name of the Police Station:	GRP Ngg
4.	Offences as per report under Section 173 or 174 Cr PC	174 CRPC
5.	Place of accident / incident :	Rly-st Ngg 1
	a) Line Number :	
	b) Platform Number :	PA No 01
	c) Nearest Pole Number :	
6.	Train involved, if known:	06509
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 	on duty DPSS Ngg
8.	Who removed the body from the track:	Rly staf
9.	Name of the person who took the victim to the hospital and name of the hospital:	PC/1050 GRP
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	
11.	Name of the person injured/ dead, if known:	Gaytri pande
12.	Age:	45y2
13.	Sex:	Female
14.	Address:	Bangalore
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	Sonali pande
16.	Address of co-passenger(s):	Bangalore
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: 	6/2/23 yes on the spot

	<ul style="list-style-type: none"> • Details of person from whom recovered: • Name: • Mobile No.: • Contact details: 	Hc/186 Somyay patle
18. (i)	List of articles recovered:	S
(ii)	Was/Were there (a) cell phone(s) with the victim?	Yes/No <input checked="" type="checkbox"/>
(iii)	If yes, what was/were the phone number(s):	
(iv)	Working condition:	Yes/No <input checked="" type="checkbox"/>
(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 	S
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 self

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:	Yes/No
If analyzed, did it reveal any alcohol or narcotic substance:	Yes/No
Get any natural cause or disease or medical or surgical treatment unless such treatment becomes necessary due to injury caused by the said untoward incident:	

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: • 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 • 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

6.	Statement of Loco-pilot in case of run over to his knowledge	Yes/ No
7.	Statement of Guard	Yes/ No
	Inquest report:	Yes/No
	Body identified:	Yes/ No
	Who identified the body	her daughter
	When identified:	on the spot
8	Where identified:	
	Details of person who identified:	
	Name:	Sonali ponde
	Mobile No.	
	Contact Details:	
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:

Police Station

संजय वि. पटले
पो.हवा.१८६
रे.पो.स्टे. नागपूर