

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	16/2/23 to 16/30
2.	FIR No. / DD No., date and under Section:	AD NO. 13/23
3.	Name of the Police Station:	GRP NAGPUR
4.	Offences as per report under Section 173 or 174 Cr PC	174 CRPC
5.	Place of accident / incident :	Rly. St. AJANI
	a) Line Number :	
	b) Platform Number :	
	c) Nearest Pole Number :	Km No 233/09
6.	Train involved, if known:	22691
7.	Source of information: <ul style="list-style-type: none"> <li>• Who reported the accident to the Police? (Give name, address &amp; contact no.)</li> <li>• Driver/Guard/Passenger/Others</li> <li>• Victim</li> <li>• Witness</li> <li>• Hospital/Medical facility</li> </ul>	on duty DYSS Nagpur
8.	Who removed the body from the track:	PC/314 GRP
9.	Name of the person who took the victim to the hospital and name of the hospital:	PC/314 GRP
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	APD/BOYNE
11.	Name of the person injured/ dead, if known:	Avinash shaligam
12.	Age:	manojkumar
13.	Sex:	63
14.	Address:	Male, Telangana AL
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	son (Avinash)
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"> <li>• Date of Journey:</li> <li>• Date and Time of issue:</li> <li>• If ticket is shown recovered later:</li> <li>• Place of recovery:</li> <li>• Time of recovery:</li> </ul>	

	<ul style="list-style-type: none"> <li>• Details of person from whom recovered:</li> <li>• Name:</li> <li>• Mobile No.:</li> <li>• Contact details:</li> </ul>	
18. (i)	List of articles recovered:	
(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):	Yes/No <input checked="" type="checkbox"/>
(iv)	Working condition:	
(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"> <li>• Aadhaar Card</li> <li>• Electoral Identity Card</li> <li>• Ration Card</li> <li>• Birth Certificate</li> <li>• Family Card</li> <li>• Others</li> </ul>	
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:	<i>suicide</i> 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	son
	When identified:	on Not Day
	Where identified:	Hospital
	Details of person who identified:	son
	Name:	Abhidosh
	Mobile No	
	Contact Details:	
8.	Final report to Jurisdictional Magistrate:	Yes/ No
9.	MLR/MLC No:	
10.	Discharge summary from Hospital:	Yes/ No
11.	Post mortem report:	Yes/ No
12.	Recovery memo/ seizure memo during <i>Jama talashi</i> :	Yes/ No
13.	Site Map:	Yes/ No
14.	Photographs:	Yes/ No
15.	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

(मनिषा काशिद)  
पोलीस निरीक्षक  
रे.पो.स्टे. नागपूर

Police Station

Date:

<p>1. Was the injured person transported to the hospital by ambulance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Was the injured person transported to the hospital by other means? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Yes/No <input checked="" type="checkbox"/></p> <p>Yes/No <input checked="" type="checkbox"/></p>
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**PART - II**  
**Hospital Admission Particulars**

<p>1. Name of the injured person (Full Name)</p> <p>2. Date and Time of Admission</p> <p>3. Date and Time of Discharge</p>	
<p>4. Nature of Injuries: Fatal / Grievous / Simple:</p>	
<p>5. Details of person who admitted the injured to the hospital:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Menic No.</li> <li>• Contact Details:</li> </ul>	
<p>6. If dead, date and time of death:</p>	
<p>7. In case of death, whether post mortem done:</p>	
<p>8. Manner of disposal of dead body (Claimed or Unclaimed):</p>	

**PART - III**

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

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