

आवक/ज.क. 1372/23
 नागपुर लोकमार्ग पोलिस स्टेशन नागपुर
 दिनांक 1/2/23

ANNEXURE A-5

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date, time and place of the incident:	17/2/23 to 06:00 hrs
2.	FIR No., D.O. No., date and under Section:	14/23 O.S. 174 CRPC
3.	Name of the Police Station:	CRP. NAGP
4.	Offences as per report under Section 173 or 174 Cr.P.C.	174 CRPC
5.	Place of accident / incident:	Rly st - Ajani KMAN 234/101
	a) Line Number:	
	b) Platform Number:	
	c) Nearest Pole Number:	834/10-12
6.	Fatally Injured, if known:	YES
	Source of information:	
7.	<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 	DYSS AJNI
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:	PC/1129 Ramdada
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	HC/274
11.	Name of the person injured/ dead, if known:	Hareeshchandrar Kusharam
12.	Age:	50
13.	Sex:	male
14.	Address:	Parevali Nagar AJNI
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	(SON) Gopal Kusharam
16.	Address of co-passenger(s):	
	If ticket recovered from passenger at the site:	Yes/No
	Ticket 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: 	18/2/23

	<ul style="list-style-type: none"> • Details of person from whom recovered: • Name: • Mobile No: • Contact details: 	
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):	
(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.	<p>Names, relationship and addresses of dependents of deceased:</p> <p>Identity of injured/ dependents of deceased:</p> <ul style="list-style-type: none"> • Aadhaar Card • Electoral Identity Card • Ration Card • Birth Certificate • Family Card • Others 	
20.	<p>Possible cause for Death or Injury (By fall while boarding, de-boarding, travelling etc.):</p> <p>Any material or circumstance for suspecting any of the exceptions mentioned in Section 124A of the Railways Act: -</p> <p>(a) Suicide or attempted suicide by him:</p> <p>If suicide or illness as cause of death suspected, was any medical record available:</p> <p>If yes, the name and the statement of the treating doctor recorded:</p> <p>(b) self-inflicted injury:</p> <p>(c) his own criminal act:</p> <p>(d) any act committed by him in a state of intoxication or insanity:</p>	<p>suicide</p> <p>Yes / No</p>

If the injured person/victim was suspected to be intoxicated at the time of the incident, was the blood sample medically analyzed:

Yes / No

Was there any alcohol or narcotic substance:

Yes/No

Was there any pre-existing disease or medical or surgical condition which treatment became 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: a. Name b. Mobile No c. 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

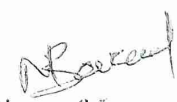
Documents/ Information submitted by GRP (Tick Yes /No)

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

6.	Statement of doctor/pilot in case of run-over to his knowledge	Yes/No
7.	Statement of witness	Yes/No
	Body recovered	Yes/No
	Body identified	Yes/No
	Who identified the body	Son
	When identified	on the spot
	Where identified	
	Details of person who identified:	
	Name	Geopal Kushram
	Mobile No.	
	Contact Details:	
9.	Final report to jurisdictional Magistrate:	Yes/No
10.	MIR/MIC 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 by me on this Case of Death 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
 (निरीक्षक एस.एस.)
 41-ए. 874
 Police Station
 ERP NCP

Date:


 प्रभारी अधिकारी
 रे.पो.ठाणे नागपुर.