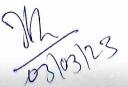
DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

$\underline{PART} = I$

1.	Date & Time of the incident;	24/2/23 to 15/10/2
	FIR No. / DD No., date and under Section:	AD 010-19/23 0/5 174 CRPC
3,	Name of the Police Station:	GPP NGP
٠١.	Offences as per report under Section 173 or 174 Cr PC	174 CRPC
5.	Place of accident / incident:	RIY ST AJN
	a) Line Number :	KMNO 834/34
	b) Platform Number :	
	c) Nearest Pole Number:	
6.	Train involved, if known:	12626
7.	Source of information: Who reported the accident to the Police? (Give name, address & contact no.) Drive/Guard/Passenger/Others	on Duto Dyss Rhy St- Asmi
	 Victim Witness Hospital/Medical facility 	
8.	Who removed the body from the track:	pc/249 pende
9.	Name of the person who took the victim to the hospital and name of the hospital:	meyo Hospital Nap
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	PSI/TYWADE
11.	Name of the person injured/dead, if known:	Tushaz Schale
12.	Age:	2572
13.	Sex:	mall
14.		like Nagar Mayor
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	-
16.	Address of co-passenger(s):	
17.	If ticket recovered from passenger at the site: Ticket No.:	Yes/No
	 Date of Journey: Date and Time of issue: If ticket is shown recovered later: Place of recovery: 	
	Time of recovery:	



18. (Yes/Nb
(11)	Was Were there (a) cell phone(s) with the victim?	
(iii)	If yes, what was/were the phone number(s):	Yes/No
(iv)	Working condition: If yes, what was the last call to or from with time and	10371.0
(1)	number:	
(vii)	Was the number contacted and person verified: Details of the location of the mobile phone at the time of last call made/ received obtained from the relevant	
(viii)	Telecom Service Provider: Details of any important information:	
19.	Names, relationship and addresses of dependents of deceased: Identity of injured/ dependents of deceased: Aadhaar Card Electoral Identity Card Ration Card Birth Certificate Family Card Others	Inclartifical
	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/Nd

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 yes, did it reveal any alcohol or narcotic substance:	Yes/No
(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:	

PART – II Hospital Admission Particulars

	(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	Yes/No
	and Driver Report):	
3.	Site Plan in terms of Clause 5 of Part I:	Yes/No
4.	Photographs taken at the site	Yes/No
	€ Track Character	
	 Straight and Level 	
	 Straight and Grade 	
	Curve and Level	
	Curve and Grade	
	 Under Construction/ maintenance 	
		1
5	Statement(s) of witnesses	Yes/ No

03/03/23

	Statement of Loco-pilot in case of run over to his knowledge	Yes/No
6.		Yes/ No
7.	Statement of Guard	Yes/No
	Inquest report:	Yes/ No
	Body identified:	103
ų	Who identified the body	tother
· · ·	When identified:	on the spa
8.	Where identified:	
	Details of person who identified:	
	Name: Sud	hallet sah
	Mobile No.	,
	Contact Details:	
9.	Einal report to Jurisdictional Magistrate:	Yes/No
10.	MLR/MLC No:	,
11.	Discharge summary from Hospital:	Yes/No
2.	Post mortem report:	Yes/ No
3.	Recovery memo/ seizure memo during Jama talashi:	Yes/ No
4.	Site Map:	Yes/ No
5.	Photographs:	Yes/No
6.	Any other relevant documents/ information:	Yes/ No

VERIFICATION

Verified at	on this AD No	of by me	that the contents	of the above	report are
true and correct and	1 + ha day 19 273	mentioned in F	Part – III have beer	n verified.	
true and correct and	I THE HOCHITIERTS I	nemioned in i	411 11410 0001		

Name and Designation of Investigating Officer

Date:

Ponee Station मरापे सहा. पोलीस उप-निरिक्षक मन्द्रे पोलीस स्टेशन नागपूर