

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	24/2/23 to 15/10/23
2.	FIR No. / DD No., date and under Section:	AD No 19/23 U/S 174 Cr PC
3.	Name of the Police Station:	GPP NGP
4.	Offences as per report under Section 173 or 174 Cr PC	174 Cr PC
5.	Place of accident / incident :	Rly St AJNI
	a) Line Number :	KM No 234/34
	b) Platform Number :	
	c) Nearest Pole Number :	
6.	Train involved, if known:	12626
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>• Drive/Guard/Passenger/Others</li> <li>• Victim</li> <li>• Witness</li> <li>• Hospital/Medical facility</li> </ul>	ON DUTY DYSS Rly St AJNI
8.	Who removed the body from the track:	PC/249 pande
9.	Name of the person who took the victim to the hospital and name of the hospital:	meyo Hospital NGP
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	PSI / TWADE
11.	Name of the person injured/ dead, if known:	Tushar Sahare
12.	Age:	25 yrs
13.	Sex:	Male
14.	Address:	Indira Nagar Nagpur
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 <input checked="" type="checkbox"/>
	<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>	

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	<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 (d)	List of articles recovered:	
(i)	Was/Were there (a) cell phone(s) with the victim?	Yes/No
(ii)	If yes, what was/were the phone number(s):	
(iv)	Working condition:	Yes/No
(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>	Unidentified
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

	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 <input checked="" type="checkbox"/>
	If yes, did it reveal any alcohol or narcotic substance:	Yes/No <input checked="" type="checkbox"/>
	(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**

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 <input checked="" type="checkbox"/>
2.	Memo of the Station Master & GDR extract (combined Guard and Driver Report):	Yes / No <input checked="" type="checkbox"/>
3.	Site Plan in terms of Clause 5 of Part I:	Yes / No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
5.	Statement(s) of witnesses	Yes/ No <input checked="" type="checkbox"/>

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6.	Statement of Loco-pilot in case of run over to his knowledge	Yes/ No
7.	Statement of Guard	Yes/ No
8.	Inquest report:	Yes/ No
	Body identified:	Yes/ No
	Who identified the body	Father
	When identified:	on the spot
	Where identified:	
	Details of person who identified:	
	Name:	Sudhakar Sharma
	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 AD No of by me that the contents of the above report are true and correct and the documents mentioned in Part – III have been verified.  
19/22

Name and Designation of Investigating Officer

Date:



  
 Police Station मरापे  
 सहा. पोलीस उप-निरीक्षक  
 मध्ये पोलीस स्टेशन नागपूर