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311123

21.10.23

Rajapur Junction Railway Station Nagpur

DETAILED ACCIDENT REPORT

(To be submitted by the investigation Officer)

Part - I

01	Date and Time Of Accidnet	07/01/2023 at Before 21.10hrs.
02	FIR NO./DD NO. date and under section	04/2023
03	Name of the Police Station	Rly. Police Station Nagpur
04	Offence as per Report under section 173 of 174 CRPC	174 Crpc
05	Place of Accident and incident	Km.No. 1041/26
	a) Line Number :	Down Main line
	b) Platform Number :	-
	c) Nearest Pole Number :	1041/26
06	Train involved, If known :	Yes unknown train
07	Source. Of Information <ul style="list-style-type: none"> Who reported the accident to the Police? (Give name, address & contact no) Drive/Guard/Passenger/Other Victim Witness Hospital/Medical facility 	On duty dress Rly. N.G.P. Guard Goods train
08	Who removed the body from track?	Rly. Trackman
09	Name of the person who took the victim to the hospital and name of the hospital	P.C. S. Tekam
10	Officer who first visited the site (If other than inquiry Office His	ASI/296 Rajesh Kumar GRP N.G.P
11	Name of the person injured/dead, If known	vs. Ravi Adinath Sakhare
12	Age	55
13	Sex	male
14	Address	Rone durgavati check. 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
	<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 <p>If the injourey or deceased victim was suspected in an inebriated state at the time of the incident, was the blood of the victim medically analyzed:</p> <p>If yes did it reveal any alcohol or narcotic substance:</p> <p>(e) any natural cause or decease or medical or surgical treatment unless such treatment become necessary due to injourey caused by the said untoward incident:</p>	<p>Yes/No</p> <p>Yes/No</p>

PART – II
Hospital Admission Particulars

01	(a) Name of the Hospital(s): (b) Date and time of admission (c) Date and time of discharged	Gert. Mayo Hospital NIGP
02	Nature of injuries –Fatal/ Grievous/ Simple	
03	Details of person who admitted at the injured to the hospital • Name • Mobile No. • Contact Details	
04	If dead, date and time of death	07/1/23 at 08:45 AM 21.10.23
05	In case of death, wheather post mortem done	Yes 8/1/2023
06	Manner of disposal of dead body (Claimed or Unclaimed)	claimed

PART- III
Document/Information submitted by GRP (Tick Yes/No)

01	First information report	Yes/No
02	Memo of the station master and GDR extract (combine guard and Driver report)	Yes/No
03	Site plan in trains of Clause 5 of part 1:	Yes/No
04	Photograph taken at the site • Track character • Straight and Level • Straight and Grade • Curve and Level • Curve and Grade • Under construction/maintainence	Yes/No
05	Statement(s) of witnesses	Yes/No