

FORM-VII

DETAILED ACCIDENT REPORT (DAR)

**By Investigating Officer to Claims Tribunal within ninety (90) days of Accident
Copy to Victim(s)/ claimant(s), Driver, Owner, Insurance Company and SLSA**

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident		
2.	Time of Accident		
3.	Place of Accident		
4.	Nature of Accident	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury	
5.	Offending Vehicle Details		
	Registration No.		
	Make		
	Model		
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)	
	Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)	

6.	Driver of offending vehicle		
	Name		
	Father's Name		
	Mobile No.		
	Address		
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.		
	Validity of Licence		
		Licensing Authority	
7.	Owner of offending vehicle		
	Name		
	Father's Name		
	Mobile No.		
	Address		
8.	Insurance Details of offending vehicle		
	Policy No.		
	Period of Policy		
	Name of Insurance Company		
9.	Whether License has been verified from the Authority. <i>If yes, attach report</i> <i>If no, give reasons</i>	Yes No	
10.	Whether Driving Licence suspended/ cancelled <i>If yes, give details</i>	Yes No	
11.	Whether driver injured during the accident <i>If yes, give details</i>	Yes No	
12.	Vehicle was Driven by	Owner Paid Driver Other (Specify)	

13.	Whether the Driver was driving under the influence of alcohol/ drugs <i>Whether findings based on scientific report. If yes, give details</i>	Yes	No	
14.	Whether driver carrying mobile phone at the time of accident <i>If yes, give details of Mobile</i>	Yes	No	
	Mobile No.			
	IMEI No.			
	Make & Model			
15.	Whether driver previously involved in motor accident case(s) <i>If yes, whether case pending or decided by MACT? Give details of The FIR and MACT case</i>	Yes	No	
16.	In case of commercial vehicle			
	Permit details			
	Fitness details			
17.	Whether Permit and Fitness have been verified from the Authority <i>If yes, attach report If no, give reasons</i>	Yes	No	
18.	Whether the Owner reported the accident to the Insurance Company <i>If yes, give date</i>	Yes	No	
19.	In case the driver fled from spot, whether the owner produced the driver before the police <i>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</i>	Yes	No	
Victim(s) details				

20.	Victim(s)	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)	
<u>DEATH CASE</u>			
21.	Name of the deceased		
22.	Age of the deceased		
23.	Occupation		
24.	Details of Legal Representatives of the deceased		
	Name	Relationship	Age
(i)			
(ii)			
(iii)			
(iv)			
(v)			
<u>INJURY CASE</u>			
25.	Name of the injured		
26.	Age		
27.	Occupation		
28.	Nature of Injury		
	Simple		
	Grievous		
29.	Details of Injury		
30.	Offences Charged		
	<u>Indian Penal Code, 1860</u>		
a.	Section 279	Rash driving or riding on a public way	
b.	Section 337	Causing hurt by act endangering life or personal safety of others	
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others	
d.	Section 304-A	Causing death by negligence	
e.	Any other offence		
	<u>Motor Vehicles Act, 1988</u>		
a.	Sections 3/181	Driving without license	
b.	Sections 4/181	Driving by minor	

c.	Sections 5/180	Allowing unauthorized person to drive	
d.	Section 182	Offences relating to licenses	
e.	Sections 56/192	Without fitness	
f.	Sections 66(1)/192A	Without permit	
g.	Sections 112/183(1)	Over speeding	
h.	Sections 113/194	Over loading	
i	Sections 119/184	Jumping red light	
j.	Sections 119/177	Violation of mandatory signs(One way, No right turn, No left turn)	
k.	Sections 122/177	Improper/ obstructive parking	
l.	Sections 146/196	Without insurance	
m.	Section 177/Rules of Road Regulation 17(1)	Violation of “One way”	
n.	Section 194(1A)/ Rules of Road Regulation 29	Carrying High/Long Load	
o.	Section 184/ Rules of Road Regulation, rule 6	Violation of “No overtaking”	
p.	Section 177/Central Motor Vehicles Rules, 1989 Rule 105	Without light after sunset	
q.	Section 179	Disobedience of orders,obstruction and refusal of information	
r.	Section 184	Driving dangerously	
s.	Section 184	Using mobile phone while driving	

t.	Section 185	Drunken driving/ drugs	
u.	Section 186	Driving when mentally or physically unfit to drive	
v.	Section 187	Violation of Sections 132(1)(a), 133 & 134	
w.	Section 190	Using vehicle in unsafe condition	
x.	Section 194A	Carrying more passengers than authorized	
y.	Section 194B/ Central Motor Vehicles Rules, 1989 Rule 138(3)	Driving without a safety belt	
z.	Section 194 C	Penalty for violation of safety measures for motorcycle driver and pillion rider	
a.a	Section 194 D	Penalty for not wearing protective headgear	
b.b	Section 194 E	Failure to allow free passage to emergency vehicles	
c.c	Section 194 F	Using the horn unnecessarily or in places where it is prohibited	
d.d	Section 197	Taking vehicle without authority	
e.e	Section 199A	Offence committed by juveniles	
f.f	Any other offence		
31.	Detailed description of the Accident		
32.	Direction(s) required from the Claims Tribunal		
i.	The driver of the offending vehicle has not furnished Form-III/has furnished incomplete Form-III, despite letter(s) dated.....[Copy (s) attached]. The driver be directed to furnish the Form-III before this Tribunal within 15 days.		
ii.	The owner of the offending vehicle has not furnished Form-IV/ has furnished incomplete Form-IV, despite letter(s) dated.....[Copy (s) attached]. The owner may be directed to furnish the Form-IV before this Tribunal within 15 days.		

iii.	The victim(s) of the accident has/have not furnished Form-VI/ Form-VIA/ has furnished incomplete Form-VI/ Form-VIA, despite letter(s) dated..... [Copy (s) attached]. The victim may be directed to furnish the Form-VI/ Form-VIA before this Tribunal within 15 days.	
iv.	The Registration Authority has not given the Verification Report despite letter(s) dated.....[Copy (s) attached]. The Registration Authority be directed to furnish the Verification Report directly before this Tribunal within 15 days.	
v.	The Hospital has not given the MLC/ Post Mortem report despite letter(s) dated [Copy (s) attached]. The Hospital be directed to furnish the above-mentioned documents directly before this Tribunal within 15 days.	
33.	Documents to be attached	
	Document	Attached Not Attached
i.	FIR	
ii.	Form-I - First Accident Report (FAR)	
iii.	Form-II - Rights of Victim(s) and Flow Chart	
iv.	Form-III - Driver's Form along with documents submitted	
v.	Form-IV - Owner's Form along with documents submitted	
vi.	Form-V - Interim Accident Report (IAR) along with documents submitted	
vii.	Form-VI- Victim's Form along with documents submitted	
viii.	Form-VIA - Details of minor children of the Victim along with documents submitted	
ix.	Form-VII- Detailed Accident Report (DAR)	
x.	Form-VIII - Site Plan	
xi.	Form-IX - Mechanical Inspection Report	
xii.	Form-X - Verification Report	
xiii.	Form-XI - Insurance Form along with documents submitted	
xiv.	Photographs of the scene of accident from all angles	
xv.	Photographs of all the vehicles involved in the accident from all angles	
xvi.	CCTV Footage of the accident	

xvii.	Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974)		
xviii.	Copy of notice under section 133 of the Motor Vehicles Act, 1988		
	DEATH CASE		
xix.	Post-Mortem Report		
	INJURY CASE		
xx.	Medico Legal Case (MLC) form		
xxi.	Multi angle photographs of the injured		
	OTHER DOCUMENTS		
xxii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the driver		
xxiii.	Letter(s) of the Investigating Officer demanding the relevant information /documents from the owner		
xxiv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Insurance Company		
xxv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Victim(s)		
xxvi.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Registration Authorities		
xxvii.	Letter of the Investigating Officer demanding the relevant information/ documents from the Hospital		

Verification:

Verified at _____ on this _____ day of _____ that the contents of the above report are true and correct, and the documents were gathered during investigation.

S.H.O./I.O

P.I.S./EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____