

¹[FORM R.A.R.]

[See Rules 251 (2)]

²[***]

ROAD TRAFFIC ACCIDENT REPORT

FIR No. U/s Police Station
 Name of I/O Rank No.
 Filled by Dated Signature of Officer
 Result of Investigations (1) Charge-sheeted
 (2) Pure Accident (3) Untraced
 Time of Accident A.M./P.M. Date
 Holiday (1) Yes (2) No
 Hit and run (1) Yes (2) No
 Brief Description of Accident :
 (1) Name of complainant : Address :
 Description.....

GENERAL INFORMATION

| | | | |
|-------------------------------------|--------------------------|---|---|
| Type of accident | <input type="checkbox"/> | Coding Instructions | |
| | | Type of accident (1) Non Collision (2) Overturn (3) Head on Collision (4) Rear End Collision (5) Side Collision (6) Hit Parked Vehicles (7) Hit Pedestrian (8) Hit fixed object (9) Hit bicyclist (10) Other | |
| Accident spot | <input type="checkbox"/> | Accident Spot : (1) At Straight road (2) T-junction (3) Y-junction (4) 4 (or more) road junction (5) Round about (6) Underpass (7) Rly. level crossing (8) Other | |
| Type of road | <input type="checkbox"/> | Type of road : (1) With divider (2) Without divider (One way) (3) Without divider (Two way) | |
| No. of lanes | <input type="checkbox"/> | No. of lanes : (Indicate total number of lanes in both directions) | |
| Road surface | <input type="checkbox"/> | Road surface : | |
| Footpath/Shoulder (In meters) | <input type="checkbox"/> | (1) Concrete (2) Bitumen (3) Gravel (4) Kutcha | Footpath/Shoulder : (In meters) (1) Hard (2) Kutcha |
| Road width | <input type="checkbox"/> | Road width : (In meters) | |
| Footpath/shoulder width (In meters) | <input type="checkbox"/> | Footpath/Shoulder width : (In meters) | |
| Horizontal road alignment | <input type="checkbox"/> | Horizontal road alignment (1) Straight (2) Curve | |
| Vertical road alignment | <input type="checkbox"/> | Vertical road alignment (1) Level (2) Slope | |
| Junction control | <input type="checkbox"/> | Junction control : (1) Police (Manual) (2) Signal (Not working) (3) Signal (working) (4) Uncontrolled | |
| Weather | <input type="checkbox"/> | Weather : (1) Clear (2) Snow (3) Rain (4) Fog/mist | |

Space for additional information.

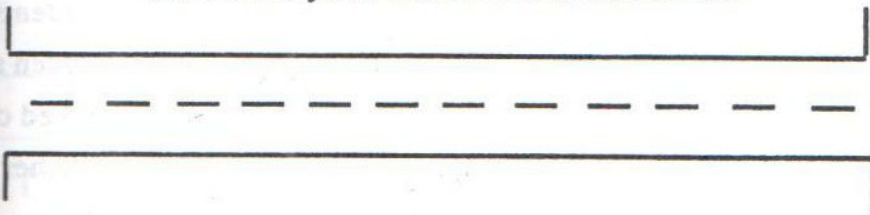
1. Form R.A.R. was inserted by G.N., dated 8.2.1994.
2. 'Heading' Appendix E was deleted by Corrigendum, dated 31.3.1994, M.G.G., Pt. IV-A Ex. p. 250.

SKETCH OF ACCIDENT

Mark the following in the sketch at (a) or (b)

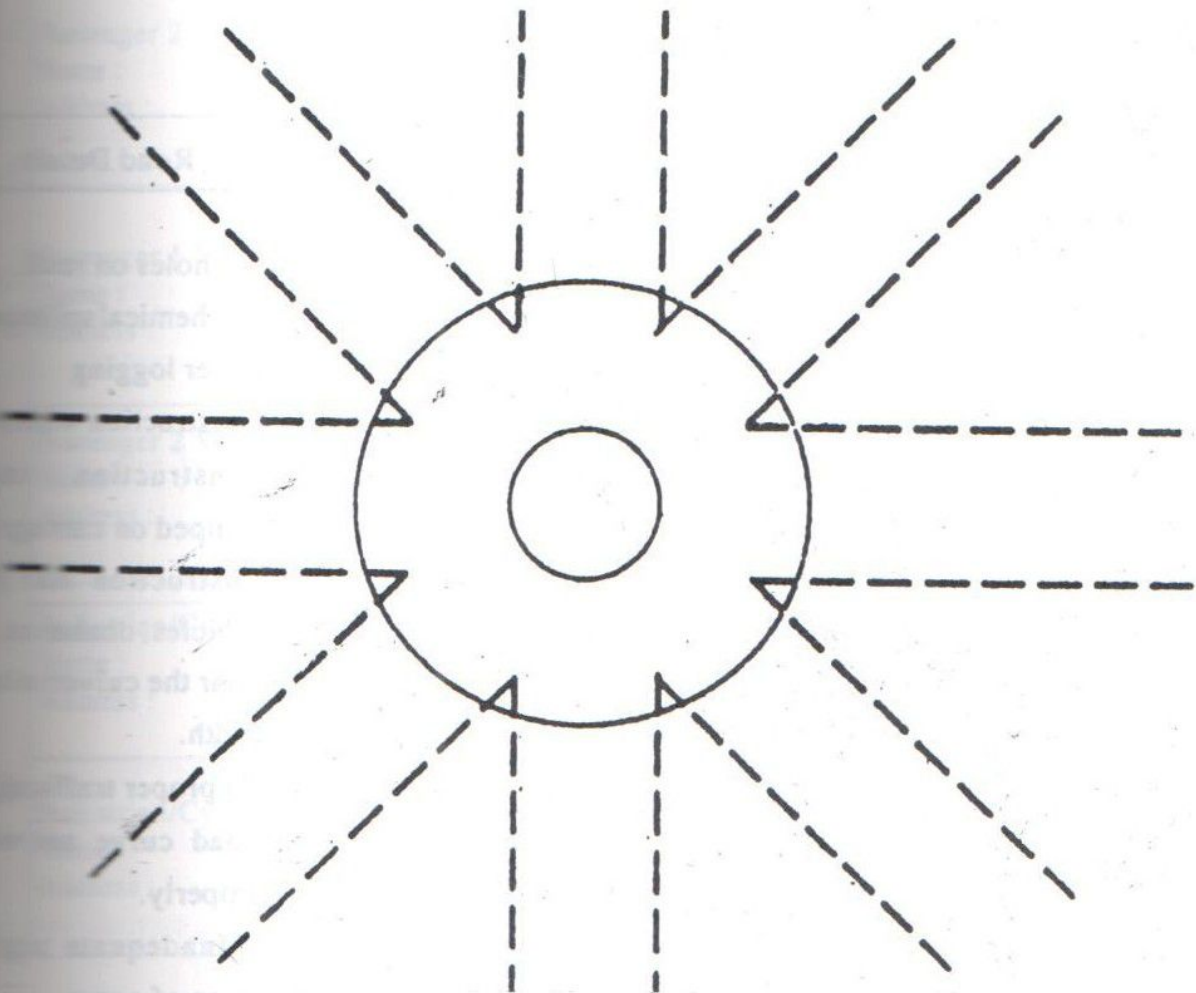
- 1 Name of roads (2) Location of Accident
- 3 Nearest landmarks (4) Nearest Important roads
- 5 Note
- 6 Show direction and position of vehicles involved
- 7 Show position of road signs and any other relevant landmark
- 8 Road vicinity land use e.g. Residential/Commercial/Industrial/Slum/Other

(A) NON-JUNCTION ACCIDENTS



Indicate North)

(B) JUNCTION ACCIDENT



Indicate North (Complete diagram to show Junction type)]

VEHICLE DETAILS

Vehicle 1 :
Make and Model :

Licence No.

Type A B C

Manoeuvre

Type burst (1) Yes (2) No.

Brake failure (1) Yes (2) No.

Broken axle (1) Yes (2) No.

Any other mechanical failure
 (1) Yes (2) No.

If Yes, specify :

Vehicle loading

Load details

Road details

Vehicle 2 :
Make and Model :

Licence No.

Type

Manoeuvre

Type burst (1) Yes (2) No.

Brake failure (1) Yes (2) No.

Broke axle (1) Yes (2) No.

Any other mechanical failure
 (1) Yes (2) No.

If Yes, specify :

Vehicle loading

Load details

Road details

| Coding Instructions | |
|---|--|
| Vehicle Type | Vehicle Manoeuvres |
| 1. Motorcycle/Decotor 2. Scooter 3. Moped 4. Three wheeler 5. Car/Jeep/Van 6. Light goods vehicle 7. Heavy goods vehicle 8. Bus 9. Bicycle 10. Cycle rickshaw 11. Animal drawn 12. other A : Truck B : Tanker C : Container | 1. Turning right 2. Turning left 3. U-Turn 4. Overtaking (Wrongway) 5. Overtaking (Normal) 6. Reversing 7. Sudden start 8. Sudden stop 9. Parked off road 10. Other |
| Vehicle Loading | Road Details |
| 1. Legally loaded 2. Too high 3. Load protruding - from front 4. Load protruding from rear 5. Load protruding from side 6. Liquid Cargo 7. Other | 1. Pot-holes on road 2. oil/chemical spilled 3. Water logging 4. Construction work 5. Construction material dumped on carriageway 6. Obstruction like trees, vehicles, dhabs etc. 7. Near the culvert of narrow width. 8. No proper traffic signs 9. Road curve not marked properly. 10. Inadequate signage at entrance of curve. |
| Load Details | |
| 1. Hazardous Name U.N. No. 2. Others Name | |

VICTIM DETAILS

| | | |
|---|---|--|
| Driver Vehicle 1 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Under alcohol Influence <input type="checkbox"/> Disobeyed traffic signal <input type="checkbox"/> Licence No. <input type="text"/> | Coding Instructions Sex : Male - M Female - F Age : In years Injury severity : 1. Dead on the spot 2. Unconscious 3. Conscious could walk normal 4. Walk with help 5. Had to be carried 6. Not injured Under alcohol influence : 1. Yes 2. No. Disobeyed traffic signal : 1. Yes 2. No. Position in vehicle : 1. Front 2. Rear 3. Standing 4. Other Pedestrian/Cyclist manoeuvre 1. Walking/Cyclist on road 2. Crossing the road 3. Playing on road 4. On the pavement/bicycle path 5. Other |
| Driver Vehicle 2 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Under alcohol Influence <input type="checkbox"/> Disobeyed traffic signal <input type="checkbox"/> Licence No. <input type="text"/> | |
| Passenger 1 Vehicle 1 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Position in vehicle <input type="checkbox"/> | |
| Passenger 2 Vehicle 1 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Position in vehicle <input type="checkbox"/> | |
| Passenger 1 Vehicle 2 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Position in vehicle <input type="checkbox"/> | |
| Passenger 2 Vehicle 2 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Position in vehicle <input type="checkbox"/> | |
| Pedestrian/Cyclist 1 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Manoeuvre <input type="checkbox"/> | |
| Pedestrian/Cyclist 2 : Name : Address : | Sex <input type="checkbox"/> Age <input type="text"/> Injury <input type="checkbox"/> Manoeuvre <input type="checkbox"/> | |