

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. If yes, attach report If no, give reasons	Yes No	

10.	Whether Driving Licence suspended/ cancelled If yes, give details	Yes	No	
11.	Whether driver injured during the accident If yes, give details	Yes	No	
12.	Vehicle was Driven by	Owner Paid Driver Other (Specify)		
13.	Whether the Driver was driving under the influence of alcohol/drugs Whether findings based on scientific report. If yes, give details	Yes	No	
14.	Whether driver carrying mobile phone at the time of accident If yes, give details of Mobile	Yes	No	
	Mobile No.			
	IMEI No.			
	Make & Model			

15.	<p>Whether driver previously involved in motor accident case(s)</p> <p>If yes, whether case pending or decided by MACT?</p> <p>Give details of The FIR and MACT case</p>	Yes	No	
16.	<p>In case of commercial vehicle</p> <p>Permit details</p> <p>Fitness details</p>			
17.	<p>Whether Permit and Fitness have been verified from the Authority</p> <p>If yes, attach report</p> <p>If no, give reasons</p>	Yes	No	
18.	<p>Whether the Owner reported the accident to the Insurance Company</p> <p>If yes, give date</p>	Yes	No	
19.	<p>In case the driver fled from spot, whether the owner produced the driver before the police</p> <p>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</p>	Yes	No	
Victim(s) details				

20.	Victim(s)	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)		
DEATH CASE				
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)			
INJURY CASE				
25.	Name of the injured			
26.	Age			
27.	Occupation			
28.	Nature of Injury			
	Simple			
	Grievous			
29.	Details of Injury			
30.	Offences Charged			
	Indian Penal Code, 1860			
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			
		Motor Vehicles Act, 1988		
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 194C	Penalty for violation of safety measures for motorcycle driver and pillion rider		
a.	a	Section 194D	Penalty for not wearing protective headgear	
b.	b	Section 194E	Failure to allow free passage to emergency vehicles	
c.	c	Section 194F	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: _____