FORM 1 FIRST ACCIDENT REPORT (FAR)

By Invetigating Officer to Claims Triunal Within 48 hours of the receipt of intimation pf the Accident Copy to Victim(s) and Insurance Company and State Kegal Services Authority(SLSA)

FIR No.					
Date					
Under Section					
Police Station					
1	Date of Accident				
2	Time of Accident				
3	Place of Accident				
4	Source of Information		Driver,	/Owner	
			Victim		
			WitnessHospital		
			Good Samaritan		
			PoliceOthers(Specify)		
			Tollecouncis(opechy)		
	Name mobile num	nber & A	ddress	of the Informant	
	Name				
	Mobile No				
	Adress				
5	Nature of Accident		Injury		
			Fatal		
			Damage/Loss of property		
			Any ot	ther loss/injury	
			-		
Number of Vehicles		es			
	involved				
	Whether Registra	tion	Yes	No	
Number of the offen		fending			
	Vehicle Known				
	Whether Offendin		Yes	No	
	Vehicle impounde	ea by			
the Police					
	Whether the driv	ver of	Yes	No	
			163	NO	
	the offending ve				
	found on the spo	UL			
	Ni mala avi e 6 Februari	:L:			
	Number of Fatal	iues			

Number of Injured

6.	Details of the Hospital where victim(s) taken					
	Hospital Name					
	Address					
	Doctor's Name					
7	Availability of CCTV Footage If yes, CCTVFootage be preserved and be filed with DAR	Yes No				
8	Details of Owner(s), Driver(s) and Insurance of the vehicles					
	Details	Vehicle 1	Vehicle 2			
	Vehicle Details					
	Vehicle Registration No.					
	Driver details					
	Name of the Driver					
	Address of Driver					
	Mobile No. of Driver					
	Owner Details					
	Name of the owner					
	Address of owner					
	Mobile No.of owner					
	Insurance Details					
	Insurance Policy No.					
	Period of Insurance Policy No.					
	Name of Insurance Company					
	Address of Insurance Company					

9	Details of Victim(s)					
	Name	Deceased/Injur	ed		Address & Contact Details	
i						
Ii						
Iii						
Iv						
V						
vi						
10	Other Accident Details					
i	Reporting Date & time					
ii	Land Mark	Land Mark				
	Severity			Fatal		
				Grievous Injury		
iii				Simple Injury Hospitalized		
				Simle Injury Non Hospitalized		
		T		No Injury		
iv	Co	ount of		Injured	Death	
		Drivers				
		Passengers				
		Pedestrians				
		Animal				
	Collision Type			Vehicle to Vehicle		
	V			Vehicle to Pedestrian		
				Vehicle to Bicycle		
V				Vehicle to Tricyle		
				Vehicle to Animal		
				Vehicle to Animal Sikkiding		
				SIRRIUITIY		

	Collision Nature	Head on Collision
	Complete Hattale	Hit Parked Vehicle
		Hit tree
		Hit Fixed/Stationery Object
		Hit from Back
		Hit from Side
vi		Run of Road
		Overturn
		Skidding/Overturn
		Sideswipe
		Vehicle Fell in Gorge/Ditch/Well
		Vehicle Fell in River
	Initial Observation of accident	
	scene	Non Provision of Parapets/ Crash Barrier on Outer Curve
		Long Distance Covered/ Driver Restless Fell Down From Vehicle
		Illegal Parking on Road
		Blind Bend/Curve Alcohol Abuse
		Carrying people in loaded vehicle
		Changing lane without care
		Dangerous Overtaking
		Distraction to Driver
		Driving against flow of traffic
vii		Drugs Abuse
		High /speed
		Inattentive Turn
		Accident Due to road Condition
		Accident due to Weather Condition
		Accident due to Heavy Traffic
		Non-respect of rights of way rules
		Red light jumping
		Overloaded Assistant due to Makista Defeat
		Accidentdue to Vehicle Defect
		Over speed while crossing Zebra crossing
		Over speed while crossing speed breaker

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viiii	Weather Condition	Sunny Clear
		Cloudy
		Light Rain
		Heavy Rain
		Flooding of Causeway/ Rivulets
		Hail/Sleet
		Snow
		Smoke /Dust
		Strong Wind
		Cold
		Hot
ix	Light Condition	Day
		Twilight
		Darkness with street lights on
		Darkness with poor street light
		-No street lightDarkness
Х	Accident Spot	Residential Zone
		Market Zone
		Institutional Zone
		Open
		Commercial Zone
		School Zone
		College Zone
		Other Educational Institutional Zone (Specify)
		Govt. Institutional zone
		Hospital Zone
		Industrial Zone
		Harbour Zone
xi	Visibility	Less than 25 meters
		25 meters
		50 meters
		75 meters
		100 meters and above

xii	Load Condition (1)	Excess Passenger
		Normally Loaded
		Emty
		Not known
xiii	Load Condition (2)	Excess Googs
		Goods overhights
		Goods Rear Overhanging
		Goods Side Overhanging
		Normally Loaded
		Emty
		Not Known
xiv	Road Clasification	Expressway
		National Highway
		State HighwayMajorDistrict RoadOther District Road
		Village Road
		Arterial Road
		Sub Arterial Road
		Local Road
XV	Local Body	Corporation
		Municipality
		Panchayat

xvi. P.I.S/EMPLOYEE No. :		
	Phone No	O.:
	P.S.	:
	Date	:

Documents to be attached:

ii. Copy of FIR

Images/Vidios to be attached

- i. Main Resting Place of vehicle
- ii. Damage of Vehicle
- iii. Damage of Property
- iv. Obstructions of Objects on Road
- v. Junction/Road Type
- vi. Road surface
- vii. Skid Marks
- viii. Surroundings
- ix. Any features which might have contributed to the accident
- x. Other Images
- xi. Other Vide