

# APPENDIX-III

## SPECIMEN FORMS

Specimen form ACC – 1

### SOUTH WESTERN RAILWAY

Accident Message \_\_\_\_\_ Local Pro.No \_\_\_\_\_

Accident Class \_\_\_\_\_ Date/Time \_\_\_\_\_

From (Station) \_\_\_\_\_ To all concerned Accident Class

Heads of report	Particulars of Accident
Kilometreage of accident	
At what station or between which stations the accident occurred	
Time of accident	
Date on which the accident occurred	
Number and description of the train or trains, Loco Pilot's name and class and number of engine	
Whether train engine was fitted with electric headlight	
Nature of accident (briefly). If there is damage to property, state whether it is slight or serious.	
Number of people killed	
Number of people seriously injured and number slightly injured	
Cause of accident as far as known	
Probable detention to traffic	
Assistance required	

Message received from (Station) \_\_\_\_\_ from \_\_\_\_\_ sent to station \_\_\_\_\_ at Hrs. \_\_\_\_\_ Mts. \_\_\_\_\_ by \_\_\_\_\_ at Hrs. \_\_\_\_\_ Mts. \_\_\_\_\_ Date \_\_\_\_\_

Official Incharge  
(With full name and designation.)

**SOUTH WESTERN RAILWAY**

(Statement to be submitted in duplicate by DRM to CSO in case of parting of trains, along with special reports)

PARTING OF TRAIN No. .... AT / BETWEEN .....

1. Time
2. Date
3. Station from which reported
4. Kilometreage of accident
5. Gradient and any change of gradient
6. Stations between or at which
7. No. and description of train
8. No. and class of engine
9. No. of vehicles on train
10. Total tonnage of vehicles
11. Tonnage behind the breakage
12. If two engines, was second in rear of train
13. No. and class of second engine
14. Type of coupling
15. Manufacturer's name
16. Period in use
17. Date of last periodical overhaul
18. Loco Pilot's report
19. Guard's report
20. Distance between the parted portions
21. Cause of the accident
22. Staff responsible
23. Workshop code, date and type of steel stamped at weld mark
24. Remarks.

**SOUTH WESTERN RAILWAY**

Form to be filled in by the Loco Pilot and Guard in the case of any accident, to be delivered to the nearest Station Master for issue of Accident Messages, etc.

- 1. Date and time of accident
- 2. Loco Pilot's name
- 3. Guard's name
- 4. Train No. Engine No.
- 5. Whether electric headlight of engine was in working order and burning
- 6. Section and kilometreage of accident
- 7. Brief description of accident and whether interruption to through traffic is involved. In the case of derailment, give the painted numbers of vehicles derailed and the number of which derailed in the case of each vehicle. If the engine is derailed, give the number and description of wheels derailed. If the engine or a vehicle has capsized, say whether the capsized engine or vehicle is clear of or fouling the track.

.....  
.....

- 8. Condition of Permanent Way, i.e., whether badly damaged or otherwise, length damaged etc.

.....

- 9. Assistance required:- Break-down cranes with tool vans, tool vans only or staff with tools only.

.....

- 10. No. of persons injured and/or No. of persons killed stating how many of them were passengers in trains.

.....

- 11. Any other important information.

.....  
 Signature of Guard .....  
Signature of Loco Pilot

**SOUTH WESTERN RAILWAY**

Form to be filled in by the Guard and the Loco Pilot  
in the case of persons falling out of trains

Train No.....

Place.....

Date.....

Reference to Accident Message .....

1. Name of Loco Pilot..... Staff No..... Grade..... Pay. Rs.....  
Engine No.....Load of the train.....
  
2. Name of Guard.....Name of Brakesman.....
  - a) Kilometreage at which i) the person fell down.....  
ii) the train stopped.....
  - b) The place where the person fell down.....  
(It should be stated whether on ballast or between the platform and the foot-board of train or on the platform, etc.)
  - c) Was the accident noticed by the Guard and/or Loco Pilot and train brought to a stand, if not, how the train was stopped?  
(State if intercommunication chain was pulled and, if so, by whom?)
  - d) If the train was backed to the accident spot, state kilometreage upto which the train was backed?
  
4.
  - a) Name, age and sex of the person who fell down
  - b) If a child, also state the name, relationship and address of the guardian at the time.
  - c) Where was the person/child seated or standing before falling down.
  - d) Full address of the person, if available.
  
5.
  - a) Was the person killed or injured only? Particulars of injuries sustained.
  - b) Whether first aid was rendered and, if so, by whom?  
(The staff No., name, designation and salary of the first aider should be shown, if he is Railway servant).

- c) Particulars of tickets, if any, held by the person – date, number, class and stations between which available.
  - d) Brief description as to how the occurrence happened, stating if the person fell on the right side or left side of the train facing the direction of travel of the train. (A statement from the person in the case of a child, from the guardian of the child at the time or from two eyewitnesses should be obtained and attached).
  - e) How the injured person was disposed of?
6. a) Painted number, type, description and position of the carriage from the engine and the painted number of the compartment from which the person fell down.
    - b) Condition of door, door handles, safety catches and window fastenings in the carriage. (Details should be furnished of the door or window through which the person fell down).
    - b) Are necessary warning notices exhibited in the carriage?
  7. Was there a Railway Police Constable in the train?
  8. Was there a Travelling Ticket Examiner in the train?
  9. Remarks as to whether the occurrence is accidental or due to carelessness of the person concerned.

.....  
Signature of Loco Pilot

.....  
Signature of Guard

Forwarded to DSO/DOM.....

and DME.....

Forwarded to DEN.....

and DME.....

(In case of Material trains)

**Note:** In the case of railway servants on duty falling out, the report shall be forwarded to the Divisional Officer of the department to which the railway servants belong and to the DME.

**Note:-** (1) (a) The Guard shall advise, by message, the SE/JE(C&W) of the next train examining station, immediately after accident to facilitate examination of the train, certification in the Combine Train Report and submission of report by the SE/JE(C&W).

- (b) With regard to item (6) of the form, if the individual carriage from which the person fell down is not known, the Guard shall examine all the coaches jointly with Rolling Stock staff at the next train examining station and furnish the results of examination.
- (2) (a) With regard to item 5(d), it is imperative that the statement of the person involved in the accident (in the case of a child, the statement of the guardian at the time) shall be recorded in all cases where it is possible, in the presence of the Railway Police Constable, and countersigned by him. If there is no Railway Police Constable, the signature of two passengers in whose presence the statement is recorded shall be obtained.
- (b) If the person is injured and unconscious or otherwise unable to give a statement himself, the statement of two co-passengers who are eyewitnesses to the accident shall be recorded and attested by the Railway Police Constable, or in his absence by two independent witnesses.
-

**SOUTH WESTERN RAILWAY**  
**REPORT OF FATAL ACCIDENTS**

To

The Commissioner of Workmen's Compensation

.....  
.....

Sir,

I have the honour to submit the following report of an accident which occurred on .....(date), at.....(here enter details of premises) and which resulted in the death, serious bodily injuries of the workman/workmen of whom particulars are given in the statement annexed.

- 2. The circumstances attending the death/serious bodily injuries of the workman/workmen were as under:-
  - a) Time of the accident:
  - b) Place where the accident occurred:
  - c) Manner in which deceased was/were employed at the time:
  - d) Cause of the accident:
  - e) Any other relevant particulars.

Your's faithfully,

.....  
Signature and designation  
of person making the report.

<u>Name</u>	Sex	Age	Nature of employment	Full postal address

## SOUTH WESTERN RAILWAY

No	Questions	Answers
1.	Exact time at which the accident occurred	
2.	At or between stations and kilometreage	
3.	Time at which first advice of accident was despatched and by whom To whom was advice sent and exactly how despatched	
4.	Nature of assistance including medical aid, asked for in first advice sent	
5.	Nature of additional assistance, including medical aid, asked for in any subsequent advices and times such advices sent and by who and how despatched and to whom addressed Note: In cases of serious accident outside station limits in which advices have to be sent to the nearest station, care shall be taken to record accurately the times at which all such advices reached the station and the time each was despatched by telephone or message from the station.	
6.	State total number of passengers in train at the time of accident	
7.	a) Concise statement showing number of persons killed or injured and their names and addresses together with those of the relatives to be informed and particulars (class, date, number and stations between which the ticket is available) of tickets held. Note: i) Every endeavour shall be made to obtain the name and address of each person killed or injured. ii) Every endeavour shall also be made to record the position and the painted number of the coaches from which the dead and the injured were taken.	
	b) Details of injuries and other medical notes. Note: These particulars shall be recorded by the Medical staff and, if possible in collaboration with the Police.	
8.	When passengers have been killed or injured as a result of serious derailment or collision, a detailed statement shall be prepared showing the state of the train or trains and the line and the position and condition of the coaches, when the dead and injured were extricated, individual coach numbers being recorded. An illustrative sketch showing the position of coaches shall also be prepared.	



9.	a) Time at which advice of accident received at ART depot station	
	b) Time at which ART turned out ready to start	
	c) Time at which ART started from depot station	
	d) Time of arrival at accident spot of ART and what medical aid arrived on this special	
10.	a) Time at which advice of accident received at Medical Relief Vehicle or Medical Relief Equipment	
	b) Time at which MRT turned out ready to start	
	c) Time at which MRT or train with Medical Relief Equipment started from station	
	d) Time of arrival at accident spot of MRT or Medical Relief Equipment	
11.	What was done to give first aid to the injured prior to the arrival of medical staff and/or medical equipment?	
12.	Time at which first qualified medical aid arrived and where from and name and designation of official in charge of same Information shall be obtained and recorded as to how each injured person was dealt with	
13.	Exactly what arrangements were made to remove the more seriously injured to a hospital and at what time was this done and to what hospital were they taken and when did they arrive there?	
14.	Describe briefly what was done to restore communication and at what time this was restored.	
15.	Any other detail of importance	

Note: i) In addition to the information referred to above being accurately recorded, the Senior most Divisional Officer proceeding to the site of the accident shall draw up a comprehensive report showing exactly what occurred so that when questions are asked subsequently and criticisms made, the administration may be able to refer to the details recorded as soon as possible after the accident, which could, if necessary, be shown to in a Court of Law.

ii) Whenever possible, a Magistrate and a Police Officer should accompany the relief trains but it may not always be possible to arrange this and in the absence of these officials it is all the more incumbent on the Divisional Railway Officer present to record facts with accuracy. It is most important that relief trains shall be started as soon after an accident has occurred as possible and the trains shall not be detained for the Magistrate and the Police Officer.

- iii) This report shall be prepared at the site of the accident if at a station; otherwise at the nearest station.
- iv) The official preparing this report may if necessary call any other official present to assist him in collecting the necessary information. Care shall be taken however to select a responsible official.

**Specimen Form Acc.7**

**SOUTH WESTERN RAILWAY**

ACCIDENTS – Standard Forms for recording the results of examination of site and materials

Sl. No.	Items examined	Results of examination	Remarks
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A

**I. Permanent Way: -**

1.	Subsidence of track		
2.	Distortion of track		
3.	Change of grade on curve		
4.	Radius of curve		
5.	Gauge	Sketch to be attached	
6.	Super-elevation		
7.	Fastenings		

**II. Points and Crossings: -**

1.	Switches		
2.	Crossings		
3.	Wing rails		
4.	Guard rails		
5.	Fastenings		
6.	Locking bolt and cotter		

**III. Other items of interest: -**

1.	Weight of used rails involved in accident		
2.	Percentage loss of weight compared with new rail of same kind		
3.	Actual diagram of section of rail	Sketch to be attached	
4.	Full details of slack trenails and spikes, etc., at site of accident and 18 metres on either side		

5.	What dates chiselled or otherwise marked on sleepers-furnish details with respect to 'datum' - ('O' point being first point of mounting)	Appendix to be attached	
6.	Marks on rails, sleepers, etc., (especially between the point of mount or drop, in the case of a derailment)	Sketch to be attached	
7.	Water marks on bridges		
8.	Rainfall on the day and 3 days preceding (in Cms.)		

**B**

Sl No	Items examined	Results of examination	Remarks
1.	Fallen parts of rolling stock such as brake blocks, doors, etc., behind spot of first mounting or derailment.	Sketch to be attached	
2.	Failure of material such as broken axles, springs, etc.		
3.	Brakes		
4.	Axle boxes		
5.	Wheel flanges		
6.	Springs		
7.	Covering sheets		
8.	Tying down ropes (inclusive of chains)		
9.	Any other items of interest		

**C**

**I. Points and Signal Gear: -**

1.	Locking of points		
2.	Locking of signal levers		
3.	Locking of traps		
4.	Custody of keys and types		
5.	Position of signals and signal levers		
6.	Position of traps and trap levers		
7.	Breakage of signal gear		
8.	Signal lamps		
9.	Lamps of point indicators, signals or discs, etc.		
10.	SM's control		
11.	Block Instruments		
12.	Token/Authority to proceed		

13.	Shunt Metal Token/Shunt Key		
14.	Any other items of interest		

**II. Station Records: -**

1.	Train Signal Register books		
2.	Train Message books		
3.	Caution Order for trolleys and lorries		
4.	Pilot Memo		
5.	Line Clear Ticket		
6.	Authority to Proceed without Line Clear		
7.	Partial Interruption Certificate		
8.	Caution Order		
9.	Train Reception and Despatch Order book		
10.	Private Number book		
11.	Station Diary		
12.	Message Log book and messages		

**III. General: -**

1.	Uneven loading		
2.	Marks of fire		
3.	Traces of fallen goods		
4.	Any other matters		

**D**

**Level Crossings: -**

1.	Position of gate and signal levers	Sketch to be attached	
2.	Locking of gates		
3.	Locking of gate signal levers		
4.	Custody of gate and gate signal lever keys		
5.	Gate signal lamps		
6.	Duty roster		

**E**

**Sabotage: -**

1.	Foot prints		
2.	Finger prints		
3.	Suspicious objects found in the vicinity		

**F**

1.	Time of accident		
2.	Siren, etc., sounded at		
3.	Departmental representatives arrived at the site of accident (name and time)		
	Engineering		
	Mechanical		
	Transportation (Traffic)		
	Medical		
	Others if any		

Signature ..... Designation.....

Signature ..... Designation.....

Camp ..... Signature ..... Designation.....

Date ..... Signature ..... Designation.....

We are of opinion that the accident was due to :-

Signature ..... Designation.....

Signature ..... Designation.....

Signature ..... Designation.....

Signature ..... Designation.....

If there is any disagreement between the officials of the departments represented at the site of accident they may record their opinion on this page.

**Specimen Form Acc.8**

**SOUTH WESTERN RAILWAY**

List of railway personnel at .....station, including in Workshops, Loco Sheds, etc., qualified to render first aid.

Station	Name	Designation	Address and Phone No.	Rostered hours of duty	Remarks
1	2	3	4	5	6

Note: - Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

**Specimen Form Acc.9**

**SOUTH WESTERN RAILWAY**

List of Private Medical Practitioners available at or in the vicinity of the  
 ..... Station.

Station	Name of Medical Practitioner	Medical qualifica tion	Address and telephone number	Whether available at short notice during day or night	Whether requisition for assistance can be sent by telephone or messenger	Remarks
1	2	3	4	5	6	7

Note: - Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.





**Specimen Form Acc.11**

**SOUTH WESTERN RAILWAY**

List of Non-Railway Hospitals or Dispensaries including Government, Municipal, Mission or Private institution, showing accommodation and facilities provided therein, the Medical Officer-in-charge thereof, distance from the station and means of transport thereto.

Station	Name of Hospital or Dispensary	Address and Telephone number	Designation of the Doctor in-charge	No. of beds . M.F.C	Whether X-Ray and operative facilities available	Whether requisition for assistance can be sent by telephone or messenger	Distance of Hospital or Dispensary from the station	Available methods of transport from the station to the Hospital or Dispensary	Remarks
1	2	3	4	5	6	7	8	9	10

Note: - Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

**Specimen Form Acc.12**

**SOUTH WESTERN RAILWAY**

Particulars of conveyances available at other near stations where there are hospitals, which could be utilized for transport of injured from the station.

Name of the near station with hospitals	Conveyances available for transport of injured	
	Mode of conveyance – Bullock -cart, Jutka, Motor Car, Motor Bus, Motor Lorry, etc.	Number in each case

Note: - Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

**SOUTH WESTERN RAILWAY**

Statement of Class P-2 accidents for the month of ..... 20 .

Serial No.	Time and date of accident	Kilometrage and station at or stations between which the accident occurred	Number and description of train and whether worked with vacuum/air brake or not	Whether the engine was provided with electric headlight and it was in working order	Whether the site of the accident is on the straight or on a curve and visibility of site (in telephone posts) for Loco Pilot	Whether the site of the accident is a level crossing and, if so, whether it is manned. If the site of the accident is not a level crossing, the kilometrage of the nearest level crossing
1	2	3	4	5	6	7

a) Particulars of fencing at the site of accident b) Any other relevant particulars regarding site of accident	Brief particulars as to how the accident occurred,with name, sex and address of person(s) killed or injured	a) Whether the Loco Pilot noticed the accident or not b) Particulars of blood marks	Verdict at inquest	Cause of accident	Remarks
8	9	10	11	12	13

**Specimen Form Acc.14**

**SOUTH WESTERN RAILWAY**

Statement of Class A-5 accidents for the month of .....20 .

Serial No.	Time and Date of accident	Place of accident	Details of accident	Cost of damage to engine, rolling stock, permanent -way, etc.	Cause of accident	Action taken against staff held responsible	Remarks
1	2	3	4	5	6	7	8

**Specimen Form Acc.15**

**SOUTH WESTERN RAILWAY**

Statement of Class Q-1 accidents for the month of .....20 .

N.B.- A separate statement shall be submitted for each category.

Serial No.	Time and date of accident	Place of accident	No. and description of train, if train is involved	Brief particulars of accident	Cause of accident	Remarks
1	2	3	4	5	6	7

**Specimen Form Acc.16**

**SOUTH WESTERN RAILWAY**

Statement of Class D-6 accident for the month of .....20 .

Serial No.	Time and date of accident	Place of accident	Brief particulars of accident	Cost of damage to engine, rolling stock, permanent-way etc.	Cause of accident	Remarks
1	2	3	4	5	6	7

**Specimen Form Acc.17**

**SOUTH WESTERN RAILWAY**

Statement of Class P-1 and P-3 accidents for the month of .....20 .

N.B. - A separate statement shall be submitted for each class of accident. No

Sl.	Time and date of accident	Place of accident	No. and description of train, if train is	Brief particulars of accident indicating inter alia in cases of falling out of trains, whether the person or persons involved fell out through the door or window (the condition of the door, door handles, safety catches and/or window fastenings in the carriage shall be stated)	Cause accident	Remarks
1	2	3	4	5	6	7

**SOUTH WESTERN RAILWAY**

**SUMMARY**

1. Nature of accident (such as derailment, collision, or as may be):
2. Date:
3. Time:
4. Railway & Division:
5. Route: (Whether A or B or C...):
6. Location:
7. Types of trains involved:

Train numbers	Up.....	Vacuum/air pressure in B.V.
	Down.....	Vacuum/air pressure in B.V.
Engine numbers	Up train.....	Vacuum/air pressure
	Down train.....	Vacuum/air pressure
Trains consisting	Up	
	Down	
Estimated Speeds	Up	
	Down	
8. System of working:
9. Track (brief description of):
10. Alignment:
11. Gradient:
12. Weather:
13. Visibility:
14. Casualties:
15. Brief cause of accident:
16. Time taken in clearing the line:
17. Damage to rolling stock:
18. Damage to permanent-way
19. Damage to overhead equipment of track:
20. Relief arrangements and medical attention:



**SOUTH WESTERN RAILWAY**

Proceedings of\*.....Enquiry Class of Accident.....

Held at..... on.....

Authority.....

By a committee formed of –

- |              |      |
|--------------|------|
| 1. President | Name |
| Department   | Rank |
| 2. Member    | Name |
| Department   | Rank |
| 3. Member    | Name |
| Department   | Rank |

**Also present –**

- |            |      |
|------------|------|
| 1. Name    |      |
| Department | Rank |
| 2. Name    |      |
| Department | Rank |
| 3. Name    |      |
| Department | Rank |

Not present, although advised –

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\*State whether Joint, Inter-Departmental or Departmental.

**SOUTH WESTERN RAILWAY DESCRIPTIVE**

**ACCOUNT OF THE ACCIDENT**

(In concise terms)

1. Grades.
2. Curves.
3. Type of signalling and interlocking.
4. Type and condition of permanent way.
5. Weight of engine and weight on each wheel.
6. Marshalling of train.
7. Brakes and number of braked wheels.
8. Condition of rolling stock.
9. Time train was due, and, if late, time lost and reasons therefor.
10. Extract from the Train Signal Register or Train Message Book at the stations at both ends of the block section concerned, if the running time, speed, departure or arrival time is in dispute.
11. Whether train was booked to cross or run through or stop.
12. Whether train was booked to cross, or was crossing, out of course.
13. Train lights carried, and if are burning.
14. Weight on each wheel of vehicle concerned in a derailment.

Care should be taken by the President to see that this form is correctly and appropriately filled up and contains no matter which falls under the head either the Finding or Recommendations which should be entered in Acc. 17 (H. & J.)

**SOUTH WESTERN RAILWAY**

LIST OF WITNESSES IN ORDER EXAMINED WITH THEIR  
NAMES, STAFF No. DESIGNATION AND STATION.

- 1.....
- 2.....

**SOUTH WESTERN RAILWAY**

DEPOSITION OF WITNESS No.

Name:

Staff No.:

Designation:

Salary:

Grade:

Headquarters station:

Age:

Total length of service,      Years:

Months:

Length of service in present rank:

Previous service:

On the occasion of the accident I was on duty as ..... at .....  
from.....

hours on..... to ..... hours on ..... after ..... hour rest before  
coming on duty.

Read over, translated and accepted as correct.

Signature .....

Date.....

.....  
President.

**SOUTH WESTERN RAILWAY**

**REASONS FOR THE FINDING**

Here may be embodied:

- (i) Discussion of all conflicting evidences and the Committee’s deductions there from:
  - (ii) The contributory factors, if any: and
  - (iii) The extenuating circumstances, if any, in three separate paragraphs:
- 

signature.....	Signature.....	Signa- ture.....
Name.....	Name.....	
Name.....		
(Member)	(President)	(Member)
Designation.....	Designation.....	Designation.....
Date.....	Date.....	Date.....

**SOUTH WESTERN RAILWAY**

**JOINT FINDING**

(Cause, Responsibility and Rules Violated)

The finding should be brief and concise and reference to the Rules infringed and by whom should be specifically stated:

Signature.....	Signature.....	Signature.....
Name.....	Name.....	Name.....
(Member)	(President)	(Member)
Designation.....	Designation.....	Designation.....
Date.....	Date.....	Date.....

**SOUTH WESTERN RAILWAY**

**MATTERS BROUGHT TO LIGHT DURING ENQUIRY**

Signature.....	Signature.....	Signature.....
Name..... (Member)	Name..... (President)	Name..... (Member)
Designation.....	Designation.....	Designation.....
Date.....	Date.....	Date.....

**SOUTH WESTERN RAILWAY**

**SUGGESTIONS**

Suggestions for remedial measures should be based not only on the causes of the accident but also on any contributory factors and on any extenuating circumstances.

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Signature.....	Signature.....	Signature.....
Name..... (Member)	Name..... (President)	Name..... (Member)
Designation.....	Designation.....	Designation.....
Date.....	Date.....	Date.....

