

GOVERNMENT OF INDIA/भारत सरकार  
MINISTRY OF RAILWAYS/रेल मंत्रालय  
(RAILWAY BOARD/रेलवे बोर्ड)

No. 2023/H/7/1/Misc

New Delhi, Dated 17.11.2023

Principal Chief Medical Director(s),  
All Indian Railways,  
&  
Principal Chief Medical Officer(s),  
All Production Units including RDSO.

**Sub:-Providing information about railway accidents – regarding.**

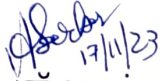
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In case of any railway accident, detailed information is to be provided promptly. The formats in which information is to be provided are enclosed herewith as per the list below:-

1. Annexure 1-Daily Report of Injured Passengers
2. Annexure 2-Daily Summary of Injured Passengers
3. Annexure 3- First Information of Accident
4. Annexure 4-Nomination of Railway Doctors to Hospitals for status of injured passengers.
5. Annexure 5-Details of injury cases
6. Annexure 6-Hospital wise data of injury cases.

This should be implemented with immediate effect.

This has the approval of Director General (RHS).

  
(Dr. Arunangshu Sarkar/ डॉ. अरुणांशु सरकार)  
Executive Director, Health (G)/ कार्यकारी निदेशक, स्वास्थ्य (सा.)  
Railway Board/रेलवे बोर्ड

\_\_\_\_\_ Railway

No.

Date:

DG (RHS)

Railway Board

**Sub :** Daily Report of injured passengers of \_\_\_\_\_

(in Sub: please mention Train No./Nos. Date & Time of accident, Location and nature of accident e.g. derailment/collision/fire etc. as the case may be)

**Date & Time of Report :**

Following information about injured passengers have been received from accident site and peripheral hospitals upto \_\_\_\_\_ hrs. on \_\_\_/\_\_\_/20\_\_\_\_.

- |   |   |       |
|---|---|-------|
| 1. Total no. of injured                   | - | _____ |
| (a) Total No of deaths                    | - | _____ |
| (b) Total no. of Grievous Injury          | - | _____ |
| (c) Total no. of Simple Injury            | - | _____ |
| 2. Total no. of injured admitted          | - | _____ |
| Total no. of injured not admitted         | - | _____ |
| 3. Total no. of injured still admitted    | - | _____ |
| (a) No. of Grievous Injury still admitted | - | _____ |
| (b) No. of Simple Injury still admitted   | - | _____ |

Submitted for kind information

\_\_\_\_\_  
(signature & name)

Principal Chief Medical Director

\_\_\_\_\_ Railway

\_\_\_\_\_ Railway

No.

Date:

DG (RHS)

Railway Board

**Sub :** Daily Summary of injured passengers of \_\_\_\_\_  
\_\_\_\_\_

(in Sub: please mention Train No./Nos. Date &amp; Time of accident, Location and nature of accident e.g. derailment/collision/fire etc. as the case may be)

**Date & Time of Report :**

Following information about injured passengers have been received from accident site and peripheral hospitals upto \_\_\_\_\_ hrs. on \_\_\_/\_\_\_/20\_\_\_\_.

Sl. No.	Description	Total Number
1.	Total No. Injured	
2.	Out of the total number injured:-	
	(a) Number of Deaths	
	(b) Number of Grievous Injuries	
	(c) Number of Simple Injuries	
3.	Total number admitted (cumulative)	
4.	Out of the total number admitted (cumulative):-	
	(a) Total no. of Grievous Injuries admitted (cumulative)	
	(b) Total no. of Simple Injuries admitted (cumulative)	
5.	Number discharged till date (cumulative)	
6.	Number of new admissions on date	
7.	Number of deaths on date	
8.	Number still admitted on date	
9.	Out of total no. still admitted on date:-	
	(a) Number of Critical cases	
	(b) Number of Stable cases	
	(c) Number of Grievous injuries	
	(d) Number of Simple injuries	
10.	Total number of injured who have been paid ex-gratia (cumulative)	
11.	Number of injured paid ex-gratia on date	

Submitted for kind information

\_\_\_\_\_  
(signature & name)

Principal Chief Medical Director

\_\_\_\_\_  
Railway

**FIRST INFORMATION OF ACCIDENT**

**Sub:** Information of \_\_\_\_\_ ( Nature of accident, Train No. & Name, Date, Time and location)

1.	a.	Type of Accident	
	b.	Railways	
	c.	Division	
	d.	Section	
	e.	Location	
	f.	Train No./Train Nos.	
	g.	Date and time of occurrence of accident	
	h.	(i)	Date and time of information received by doctor.
(ii)		Mode of receipt of first information	
(iii)		Source of information	
(iv)		Date and time of reporting of Medical Team to SM	
2.	a.	Date and time of receipt of the accident message at the station where ARME is stabled	
	b.	Date and time of departure of ARME from that station	
	c.	Date and time of arrival of ARME at site	
	d.	Date and time of departure of ARME with the injured from the site	
	e.	Date and time of arrival of the ARME with the injured at the destination station	
	f.	Date and time of admission of the patients into the hospital	
3.	Details of medical team moving for the accident site		
	a.	Railway (Name, Designation & Mobile No.)	
	b.	Non-Railway agencies (Name, Mobile No. of Agencies & Doctors)	
	c.	Mode of reaching the site of accident i.e. by road/train	
	d.	Date and time of arrival of first doctor at the site	

<b>4.</b>	<b>a.</b>	Total no. of injured		
	<b>b.</b>	Break up of Total Injured :-		
		(i)	Total no. of Deaths	
		(ii)	Total no. of Grievous Injury	
	(iii)	Total no. of Simple Injury		
<b>5.</b>	Details of Injured (to be attached)			
<b>6.</b>	Disposal of Injured cases:-			
	<b>a.</b>	No. of Injured passengers admitted		
	<b>b.</b>	No. of injured passengers not admitted		
<b>7.</b>	Officers visiting at the site (Name, Designation)			
<b>8.</b>	Remarks, if any			

\_\_\_\_\_  
(signature & name)  
Principal Chief Medical Director  
\_\_\_\_\_  
Railway

\_\_\_\_\_ Railway

**Nomination of Railway Doctors to Hospitals for Status of Injured Passengers of \_\_\_\_\_ (Train No, Location, Date & Time and Nature of Accident)**

Sl. No.	Name of Hospital	Name & Designation of In-Charge of Hospital	Contact N. of Hospital In-Charge	Name of Nominated Railway Doctor	Designation	Contact No. of nominated Railway Doctor
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
1						
2						
3						
4						
5						
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\_\_\_\_\_  
 (signature & name)  
 Principal Chief Medical Director  
 \_\_\_\_\_ Railway



