**1.Drivers**

* driver\_id (Primary Key)
* name
* license\_number
* Vehicle\_no
* Age
* Blood group

**2.Vehicle\_mst**

* Vehicle\_id (Primary Key)
* Vehicle\_no
* Vehicle\_model
* Owner
* address

**3.Location**

* location\_id (Primary Key)
* line1
* Line 2
* country
* state
* **city**
* zipcode

**4.Incidents/road\_accident\_Report**

* incident\_id (Primary Key)
* Vehicle\_id(Foreign Key to vehicle\_mst)
* driver\_id (Foreign Key to Drivers)
* incident\_date/time
* Location\_id(Foreign Key to location)
* description
* severity (insignificant, minor, major, fatal)
* status (reported, in progress, resolved)
* Created by
* Created at
* Modified by
* Modified at

**5.Incident\_Attachments**

* attachment\_id (Primary Key)
* Attachment\_type
* ref\_id (Foreign Key to Incidents/victim)
* file\_path
* upload\_date
* Created by
* Created at
* Modified by
* Modified at

**6.Victim(of\_road\_accident)**

* victim\_id (Primary Key)
* Name
* Age
* Victim\_blood\_group
* Vmr\_id(FK to Victim\_medical\_report/it can be multiple))
* Witness(if any)
* incident\_id(Foreign Key)
* Id\_proof(if any)

**7.Witness**

* witness\_id (Primary Key)
* Name
* Age
* blood\_group
* Address
* Statement
* Id\_proof(if any)

**8.Victim\_medical\_report**

* vmr\_id (Primary Key)
* Victim\_id(Foreign Key to victim)
* Accident\_cause
* DR.\_name
* Dr.\_qualification/specialization
* Created by
* Created at
* Modified by
* Modified at

**9.Accident\_Analysis\_report**

* analysis\_id (Primary Key)
* incident\_id (Foreign Key to Incidents)
* report
* Suggestions/comment
* Created by
* Created at
* Modified by
* Modified at
* analysis\_date
* submitting details to(CGM(RSC/MD DTC)

**10.Training\_Programs**

* program\_id (Primary Key)
* program\_name
* description
* scheduled\_date
* Created by
* Created at
* Modified by
* Modified at

**11.Driver\_Trainings**

* training\_id (Primary Key)
* driver\_id (Foreign Key to Drivers)
* program\_id (Foreign Key to Training\_Programs)
* training\_date
* remarks

Delhi Transport Corporation

Accident Report Form

Sno

Date

Register with

Depot

No. Of passengers on the platform

Driver name

Staff no.

Licence no.

Conductor name

Issuing authority

validity period

Was your car damaged?If yes, describe the loss and nature=>damage\_status,damage\_loss

Write

……….time……..route no………………duty no.

Bank location

Direction of your car

Direction of other vehicle

Speed of your car

Speed of other car

Was the horn blown?

Were the brakes applied?

Description of the season

Road conditions

What lights,if any were burning on your vehicle?

Road or street light treatment,good or bad

Was your car near the road?

If not, please describe the condition properly

Distance of bus stop from accident spot

Distance of the accident spot from the traffic signal

Speed of the bus at the Time of accident as per GPS tracking report(to be filled by the concerned depot)

Abbreviations used when reporting an accidents

Near and i.e on the left side of the car

Near the next side

Near the back side

i.e on the right side of car

MAP

The position of the vehicle at the time of the accident should be clearly shown with reference to the stones on the side or other objects on the road.Road width, direction of vehicles, intersections and road erosion should be clearly informed. Major roads or streets. Of so, it should be shown:

Name and address of witness from your car………………..

Provide other witness:-

1. Name

Address

1. Name

Address

1. Name

Address

1. Name

Address

Has any police officer or else

1. Saw the accident?
2. Took details?

If yes, please provide his name and address along with his teat results.

Personal injuries

Name of the injured with address

Nature of injury

Position of passengers in your vehicle foot pedal or bicycle etc.

Name and address of the attending physician

Name of the hospital to which the injured was taken

Name of the insurance company of the corporation bus

Insurance Policy no.

(to be filled by the concerned depot)

Other vehicle…………..registered no……………..the creator……….other type

Amount of loss

Form

Name and address ot the owner

Name and address of the driver

Name and address of the insurance company

Nature of the injured company:

Amount and nature of wear and tear:

Name and address of the owner

If animals are suffering, give details:

Did the third party admit liability?

Witness testimony

Were you a passenger in the bus? If yes, then which part of the bus or seat were you sitting on?

Did you see the incident?

Was the bus moving and if so, at what speed?

Was the horn blown?

Were the brakes applied?

Did our men try to prevent the accident?

Who do you think is guilty?

If you know another party who witnessed the incident, give his or her name and address.

Describe what you saw at the incident in as much detail as possible.

Date:

Signature:

Detailed report by the traffic supervisory staff attending the accident.

Inspector’s report

1. nature of accident
2. Were you present at the time of the accident? If there is no shortage then you will reach Pahana place sometime soon.
3. If you did not attend on time nor immediately, at what time was the accident repeated to you and who did it?

4.What caused the accident?

5.What grease was applied?

6.Condition of roads?

7.At what distance did the bus stop after the accident?

1. Who do you consider guilty?
2. Which part of our bus met with the accident? Do you have any comments to make?

Total time after

|  |  |  |
| --- | --- | --- |
| from | till | Total hour |
| Report inspector |  |  |
| Driver |  |  |
| carrier |  |  |

Date and time when the bus reached the workshop.

Defects that were repaired.

Estimated cost of repair.

A. Value of replaced part.

b Labor charges.

c other-expenses.

Work Card No.-

Date of repair:

Construction Manager Appointment of Assistant Construction Manager:e

Deputy manger(Y)/ Manger (Mechanical/Y):

Regional manager(…………) Depot manager(…………)