

C. Reporter's Diary:

Form 'A'

Serial No. 'A'

**Particulars of Persons Injured
(Use one form for each person)**

1. Name of passenger.....
2. Father's name / husband's name.....
3. Age.....
4. Occupation.....
5. Address.....
6. Compartment No. and Carriage No. in which travelling at the time of accident.
Compartment No.....
Carriage No.....
7. Particulars of tickets held
From Station.....
To Station.....
Class.....
Ticket No.....
Date
8. Nature of injuries and full description.....
9. Whether given 'First Aid' on the spot. If so, nature of Aid rendered and time...
10. Whether sent to hospital for treatment. If so how and at what time or whether allowed to continue his journey to destination.....
11. Whether handed over to relatives after 'First Aid' was given
12. Give details of belongings of the injured and how disposed of
13. Any other information.....
14. Obtain injured person's statement on the subjoined form by tearing off and handing over portion below the dotted line, if he is in a sufficiently sound state to give a statement. This statement should be signed by the passenger and attached to this

Place:

Signature:

Date:

Designation:

Countersigned by Medical Officer in-charge of the operation at the site of the accident

Signature:

Designation:

Statement of injured passenger

1. Name of the passenger.....
2. Statement of the passenger.....

Place

Signature of passenger

Date: