



सत्यमेव जयते

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भारत सरकार
Government of India
सड़क परिवहन एवं राजमार्ग मंत्रालय
Ministry of Road Transport & Highways
परिवहन अनुसंधान विभाग
(Transport Research Wing)
आई.डी.ए. बिल्डिंग, जामनगर हाऊस
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D.O. No.MR-16023/4/2016-TRW (RT)

Dated: 22.12.2017

Dear Sir/Madam,

I am directed to convey the decision of Ministry of Road Transport & Highways (MoRTH) on the slightly revised **Road Accident Recording & Reporting Formats** to be adopted in the context of data furnished by State Police Department of **calendar year 2018**.

2. You may kindly recall my previous D.O. of even number dated 23.2.2017 regarding the MoRTH approved uniform road accident Recording Format to be adopted by the Police in all States/UTs from 2017, with a corresponding set of annual road accident Reporting Format (17 Forms) and also a series of workshops to familiarise police personnel.

3. The revision is a result of the deliberations and feedback of the Police personnel attending the National and 5 regional workshops on dissemination of the above format, organised by the Ministry in the months of April & May, 2017 at the IITs.

4. The **revised** Recording Format with following 5 sections have deleted/added some of the items in the section :

- | | |
|--|-------------------------|
| A. Accident Identification Details | B. Road Related Details |
| C. Vehicles Involved in Accident | D. Drivers Details |
| E. Persons Other than Drivers Involved in Accident | |

5. The **revised** Reporting Format will now have 18 Forms.

6. The individual recording formats are to be aggregated at the State Police Head Quarters level and forwarded to the Transport Research Wing (TRW) of Ministry of Road Transport & Highways in the **Reporting Format** (18 Forms), at the end of a calendar year.

7. I am forwarding herewith a copy of **both the revised** Formats (**copies enclosed**) for urgent dissemination to the concerned police personnel at the district, sub-division and thana level.

2/....

8. **The revised formats have been uploaded on the Ministry's website and can be accessed from the link: <http://morth.nic.in>.**

9. Instructions for police personnel explaining road accident terminology and road engineering terms are also placed on the Ministry's website.

10. As much depends on the efforts made by the States to have a reliable road accident data collection/reporting system, I would request you to kindly issue instructions for adoption of the format for recording road accident data of **calendar year 2018**.

Yours sincerely,

Encls. : Annexures I & II

o/c *Kirti Saxena*
(Kirti Saxena)

D.G. (Police)/Addl. D.G. (Traffic) of all States/UTs

ROAD ACCIDENT RECORDING FORM

A. Accident Identification Details

1. FIR No. 2. Time of accident 3. Date of accident

D	D	M	M	Y	Y
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4. Name of Place 5. Police Station

6. District 7. State

8. Type of Area Urban Rural

9. Accident Type Fatal Grievously injured (Hospitalised) Minor injury (not hospitalised) Non-injury

10. No. of persons killed No. of persons grievously injured No. of persons minor injured

11. No. of Motorized vehicle involved No. of Non-motorized vehicle involved No. of pedestrian involved

12. Type of Weather Sunny/Clear Rainy Foggy/Misty Hail/Sleet Others (Specify)

13. Hit & Run Yes No

14. Type of Collision

(A) Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to animal
 Hit parked vehicle Hit Fixed/stationary object

(B) Hit from back Hit from side Run Off Road Vehicle overturn Head on collision Others (Specify)

B. Road Related Details

15. Road Name 16. Road Number

17. Landmark 18. Chainage

19. GPS Location Latitude Longitude

20. Lanes 2 Lanes or less More than 2 Lanes

21. Surface Condition Paved Unpaved

22. Road Type (A) Expressway National highway State highway Other roads
 (B) Urban Non urban

23. Physical Divider Yes No

24. Ongoing Road Works/ Construction Yes No

25. Speed Limit < 40 40 – 60 60 – 80 >80 Not available

26. Accident Spot Residential area Institutional area Market/commercial area Open Others (specify)

27. Road Features (A) Straight road Curved road
 (B) Bridge Culvert None
 (C) Pot Holes Yes No
 (D) Steep gradient Yes No

28. Road Junction (if applicable) T Junction Y Junction Four Arm Junction Staggered Junction Round About Junction

29. Type of Traffic Control (if applicable) Traffic Light Signal Police Control Stop Sign Flashing Signal/Blinker Uncontrolled

30. Pedestrian infrastructure (if applicable)

(A) Footpath Yes No (B) Foot Bridge/ Subway Yes No (C) Zebra Crossing Yes No

Chainage: This is the distance measured along the road centre line from a clear start point of the road. NHAI or PWD can provide this information.

GPS Location: Global Positioning System (GPS) device can provide the exact location of a point. A GPS device can give latitude and longitude of a location. This is used to mark the location on a digital map.

C. Vehicles Involved in Accident:

Vehicle Sl. No. ('31')	Type of Vehicle ('32')	Registration No. ('33')	Disposition ('34')	Load Condition ('35')		Mechanical Failure ('36')	Age of Vehicle ('37')
				Passenger	Goods		

Coding Instructions:

No. '32'	No. '34'	No. '35'	No. '36'
1. Motorised Two Wheeler	1. Needs to be Towed	1. Normally Loaded	1. Yes
2. Auto Rickshaw	2. Can be driven away	2. Overloaded/Hanging	2. No
3. Car/Jeep/Van/Taxi		3. Empty	
4. Bus		4. Not Known	
5. Truck/Lorry			
6. Heavy Articulated Vehicle/Trolley			
7. Tempo/Tractor			
8. Bicycle			
9. Cycle rickshaw			
10. Hand drawn cart			
11. Animal drawn cart			
12. Other (specify)			
13. Not known			

D. Drivers Details

Driver of Vehicle No.(from column 31) ('38')	Driver of Vehicle type(from column 32) ('39)	Sex ('40')	Age ('41)	Impacting Vehicle No.(from column 31) ('42')	Impacting Vehicle type (from col. 32) ('43)	Type of Licence ('44')	License No. ('45')	Involve-ment of alcohol ('46')	Type of Traffic Violation ('47')	Type of Injury ('48')	Using Requisite Safety Device ('49')

Coding Instructions:

No. '40'	No. '43'	No. '44'	No. '46'	No. '47'	No. '48'	No. '49'
1. Male	(Same as No. '32')	1. Valid Permanent License	1. Yes	1. Over speeding	1. Fatal	1. Seat belt
2. Female		2. Learner License	2. No	2. Jumping red light	2. Injury needing hospitalisation	2. Helmet
		3. Without License	3. Unknown	3. Driving on wrong side	3. Injury not needing hospitalisation	3. Not known (in case of hit & run)
		4. Not known		4. Drunken driving	4. Non injury	
				5. Use of mobile phone	5. Not known	
				6. Non violation		
				7. Not known		

E. Persons Other than Drivers Involved in Accident:

Persons Sl. No. ('50')	Person Type ('51')	Occupant of vehicle No(col31) ('52')	Occupant of vehicle type(col32) ('53')	Sex ('54')	Age ('55')	Impacting Vehicle no(col 31) ('56')	Impacting Vehicle type (col 32) ('57')	Type of Injury ('58')	Using Requisite Safety Device ('59')

No. '51'	No. '52' & '56'	No. '53' & '57'	No. '54'	No. '58'	No. '59'
1. Passenger	(Same as No. '31')	(Same as No. '32')	1. Male	1. Fatal	1. Helmet
2. Pedestrian			2. Female	2. Injury needing hospitalisation	2. Seat Belt
3. Cyclist			3. Injury not needing hospitalisation	3. Not known (in case of hit & run)	

Format for Reporting Road Accident Data

(Based on the information collected/reported in Recording Form by police authorities to TRW)

State/U. T _____ Calendar Year _____

A. General Information

1. Total number of Accidents Classified According to Month of the Year									
Month*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. January									
2. February									
3. March									
4. April									
5. May									
6. June									
7. July									
8. August									
9. September									
10. October									
11. November									
12. December									
Total									

* Obtain from Item No. 3 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

2. Total number of Accidents Classified According to Area and Time of the Day

Urban Area**

Time*	Number of Accidents #					Number of Persons (based on type of Accidents) ##			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
06:00 – 09:00									
09:00 – 12:00									
12:00 – 15:00									
15:00 – 18:00									
18:00 – 21:00									
21:00 – 00:00									
00:00 – 03:00									
03:00 – 06:00									
Total									

Rural Area**

Time*	Number of Accidents #					Number of Persons (based on type of Accidents) ##			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
06:00 – 09:00									
09:00 – 12:00									
12:00 – 15:00									
15:00 – 18:00									
18:00 – 21:00									
21:00 – 00:00									
00:00 – 03:00									
03:00 – 06:00									
Total									

* Obtain from Item No. 2 from Road Accident Recording Form

Obtain from Item No. 9 from Road Accident Recording Form

** Obtain from Item No. 8 from Road Accident Recording Form

Obtain from Item No. 10 from Road Accident Recording Form

3. Accidents Classified According to Weather Conditions

Weather Condition*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Sunny/Clear									
2. Rainy									
3. Foggy/ Misty									
4. Hail/ Sleet									
5. Others									
Total									

* Obtain from Item No. 12 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

B. Road Related

4. Accidents According to the Classification of Road

Classification of Road*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Expressways									
2. National Highway									
3. State Highway									
4. Other Roads									
Total									

* Obtain from Item No. 22 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

5. Accidents Classified According to Road Environment

Accident Spot*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Residential Area									
2. Institutional Area									
3. Market / Commercial Area									
4. Open Area									
5. Others									
Total									

* Obtain from Item No. 26 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

6. Accidents Classified According to Road Features

Road Features*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Straight Road									
2. Curved Road									
3. Bridge									
4. Culvert									
5. Pot Holes									
6. Steep Grade									
7. Ongoing Road-works / Construction									
8. Others									
Total									

* Obtain from Item No. 24 and Item No. 27 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

7. Accidents Classified According to Junction Type

Junction Type*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. T Junction									
2. Y Junction									
3. Four Arm Junction									
4. Staggered Junction									
5. Roundabout									
Total									

* Obtain from Item No. 28 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

8. Accidents Classified According to Traffic Control at Junction

Traffic Control*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Traffic light Signal									
2. Police Controlled									
3. Stop Sign									
4. Flashing Signal/Blinker									
5. Uncontrolled									
Total									

* Obtain from Item No. 29 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

9. Accidents Classified According to Pedestrian Infrastructure

Pedestrian Infrastructure*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Zebra Crossing									
2. Foot bridge / Subway									
3. Footpath									
4. None									
5. Roundabout									
Total									

* Obtain from Item No. 30 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

C. Type and Condition of Vehicle

10. Accidents Classified According to Type of Impacting Vehicle/Objects									
Type of Vehicle*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Motorized Two Wheeler									
2. Auto Rickshaw									
3. Car/Jeep/Van/Taxi									
4. Bus									
5. Truck/Lorry									
6. Heavy Articulated Vehicle/Trolley									
7. Tempo/Tractor									
8. Bicycle									
9. Cycle Rickshaw									
10. Hand Drawn Cart									
11. Animal Drawn Cart									
12. Others									
Total									

* Obtain from Item No. 32 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

11. Accidents Classified According to Age of Impacting Vehicles

Age of Vehicle*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Less than 5 years									
2. 5 to 10 years									
3. 10.1 – 15 years									
4. Greater than 15 years									
5. Age Not Known									
Total									

* Obtain from Item No. 37 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

12. Accidents Classified According to Load Condition of Involved Vehicle

Load Condition*	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Normally Loaded									
a. Passengers									
b. Goods									
2. Overloaded/Hanging									
a. Passengers									
b. Goods									
3. Empty									
a. Passengers									
b. Goods									
4. Not Known									
a. Passengers									
b. Goods									
Total									

* Obtain from Item No. 35 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

D. Nature of Accidents

13. Accidents Classified According to Type of Collision

Nature of Accident/ Fatalities *	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Vehicle to Vehicle									
2. Vehicle to Pedestrian									
3. Vehicle to Bicycle/others									
4. Vehicle to Animal									
Total									
Nature of Accident/ Fatalities #	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Hit and Run									
2. With Parked Vehicle									
3. Hit from Back									
4. Hit from Side									
5. Run Off-road									
6. Fixed Object									
7. Vehicle Overturned									
8. Head-on Collision									
9. Others									
Total									

* Obtain from Item No. 14(A) from Road Accident Recording Form

Obtain from Item No. 13 and Item No. 14(B) from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

14. Accidents Classified According to Type of Traffic Violations

Type of Traffic Violations *	Number of Accidents **					Number of Persons (based on type of Accidents)***			
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total	Killed	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	Total
1. Over Speeding									
2. Drunken Driving/ Consumption of Alcohol & Drug									
3. Driving on Wrong Side									
4. Jumping Red Light									
5. Use of Mobile Phone									
6. No Violations									
7. Not Known									
Total									

* Obtain from Item No.47 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

*** Obtain from Item No. 10 from Road Accident Recording Form

E. Human Aspects of Accident

15. Accidents Classified According to Use/Non-use of Safety Device by Victim								
Use of Requisite Safety Devices(*) (#)	Number of Persons (based on type of Accidents)**							
	Killed		Grievous Injury (hospitalized)		Minor Injury (not hospitalized)		No Injury	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Wearing of Helmets								
a. Drivers *								
b. Passengers #								
2. Wearing of Seat Belts								
a. Drivers *								
b. Passengers #								
3. Not Applicable								
a. Drivers *								
b. Passengers #								
4. Not known								
Total								

* Obtain from Item No.49 from Road Accident Recording Form

Obtain from Item No. 59 from Road Accident Recording Form

** Obtain from Item No. 10 from Road Accident Recording Form

16. Accidents Classified According to License of Drivers

Type of License *	Number of Accidents **				
	Fatal	Grievous Injury (hospitalized)	Minor Injury (not hospitalized)	No injury	Total
1. Valid Permanent License					
2. Learner License					
3. Without License					
4. Not Known					
5. Not Applicable					
Total					

* Obtain from Item No.44 from Road Accident Recording Form

** Obtain from Item No. 9 from Road Accident Recording Form

17. Accidents Classified According to Type of Road Users

Persons	Number of Persons (based on type of Accidents) ^{##}							
	Killed		Grievous Injury (hospitalized)		Minor Injury (not hospitalized)		No Injury	
	Male ³	Female ³	Male ³	Female ³	Male ³	Female ³	Male ³	Female ³
1. Pedestrians*								
2. Bicycles**								
a. Driver ¹								
b. Passengers ²								
3. Two Wheelers**								
a. Driver ¹								
b. Passengers ²								
4. Auto Rickshaws**								
a. Driver ¹								
b. Passengers ²								
5. Cars/Taxi/Van/LMV**								
a. Driver ¹								
b. Passengers ²								
6. Trucks/Lorries**								
a. Driver ¹								
b. Passengers ²								
7. Buses**								
a. Driver ¹								
b. Passengers ²								
8. Other Motor Vehicles**								
a. Driver ¹								
b. Passengers ²								
9. Other Non Motorized Vehicles**								
a. Driver ¹								
b. Passengers ²								
10. Total**								
a. Driver								
b. Passengers + Pedestrians								

* Obtain from Item No. 51 from Road Accident Recording Form

** Obtain from Item No. 32 from Road Accident Recording Form

Obtain from Item No.48 and Item No. 58 from Road Accident Recording Form

¹ Obtain from Item No. 39 from Road Accident Recording Form

² Obtain from Item No. 50 from Road Accident Recording Form

³ Obtain from Item No. 40 and Item No. 54 from Road Accident Recording Form

18. Accidents Classified According to Type of Victims, Age and Sex

Victims	Number of Persons (based on type of Accidents) ^{##}							
	Killed		Grievous Injury (hospitalized)		Minor Injury (not hospitalized)		No Injury	
	Male ¹	Female ¹	Male ¹	Female ¹	Male ¹	Female ¹	Male ¹	Female ¹
1. Drivers*								
a. Less than 18 years								
b. 18 – 25 years								
c. 25 - 35 years								
d. 35 - 45 years								
e. 45 - 60 years								
f. 60 years and above								
2. Passengers[#]	Male ²	Female ²	Male ²	Female ²	Male ²	Female ²	Male ²	Female ²
a. Less than 18 years								
b. 18 – 25 years								
c. 25 - 35 years								
d. 35 - 45 years								
e. 45 - 60 years								
f. 60 years and above								
3. Pedestrians[#]	Male ²	Female ²	Male ²	Female ²	Male ²	Female ²	Male ²	Female ²
a. Less than 18 years								
b. 18 – 25 years								
c. 25 - 35 years								
d. 35 - 45 years								
e. 45 - 60 years								
f. 60 years and above								
4. Cyclists[#]	Male ²	Female ²	Male ²	Female ²	Male ²	Female ²	Male ²	Female ²
a. Less than 18 years								
b. 18 – 25 years								
c. 25 - 35 years								
d. 35 - 45 years								
e. 45 - 60 years								
f. 60 years and above								

5. Total	Male	Female	Male	Female	Male	Female	Male	Female
a. Less than 18 years								
b. 18 – 25 years								
c. 25 - 35 years								
d. 35 - 45 years								
e. 45 - 60 years								
f. 60 years and above								

* Obtain from Item No. 41 from Road Accident Recording Form

Obtain from Item No. 51 and Item No. 55 from Road Accident Recording Form

Obtain from Item No.10 from Road Accident Recording Form

¹ Obtain from Item No. 40 from Road Accident Recording Form

² Obtain from Item No. 54 from Road Accident Recording Form

Instructions for filling Road Accident Recording and Reporting Form

I. Road Accident Recording Format

Introduction

The **Road Accident Recording Form** is designed to record all relevant information from a road accident in a comprehensive and systematic manner. This form is designed to help the Police compile the mandated **Road Accident Reporting Form**. The format covers a detailed account of the accident such that this information may be useful for identifying and implementing relevant intervention. The format has been divided into five segments:

1. Accident Identification Details
2. Road Related Details
3. Vehicles Involved in Accident
4. Drivers Details
5. Persons Involved in Accident (other than driver)

This document is a guide to understanding and filling of **Road Accident Recording Form**. A **Road Accident** is an accident (collision, overturning or slipping) which occurred or originated on a road open to public traffic resulting in either injury or loss of life, or damage to property, in which **at least one moving vehicle** is involved.

Definition of Terms in Road Accident Recording Form

1. **FIR Number:** The FIR Number of the reported and registered accident.
2. **Time of Accident:** The Time at which the accident occurred.
3. **Date of Accident:** The date at which the accident occurred.
4. **Name of Place:** The name of the locality at which the accident occurred.
5. **Police Station:** The name of the Police Station under whose jurisdiction the accident occurred.
6. **District:** The name of the district at which the accident occurred.
7. **State:** The name of the state at which the accident occurred.
8. **Type of Area**
 - i. **Urban:** Any location which falls under metropolitan city or a municipality.
 - ii. **Rural:** Any location which falls under panchayat or gram panchayat

9. Accident Type

- i. **Fatal:** An accident in which one or more persons are killed.
- ii. **Grievous (Hospitalised):** An accident in which none of the victims are killed however at least one person has sustained one or more serious injuries such as fractures, internal body injury, severe general shock, unconsciousness and needs hospitalisation for medical treatment.
- iii. **Minor (Not Hospitalised):** An accident in which none of the victims were killed nor were any victim hospitalised. However, at least one of the victims has slight injury and requires first aid.
- iv. **No injury:** An accident in which were harmed in any way and does not even require a first aid. However, public or private property may have been damaged and requires restoration.

10. Number of Persons

- i. **Number of persons killed:** The total number of people who were killed due to the accident.
- ii. **Number of persons grievously injured:** The total number of people who were hospitalised due to the accident.
- iii. **Number of persons with minor injury:** The total number of people who were administered first aid but were not hospitalised due to the accident.

11. Number of Motorized/Non-motorised Vehicles Involved

- i. **Number of Motorised Vehicles:** The number of motorised vehicle(s) involved in the accident.
- ii. **Number of Non-Motorised Vehicles:** The number of non-motorised vehicle(s) involved in the accident.
- iii. **Number of Pedestrians Involved:** Number of persons other than a driver or passenger. Persons in or operating pedestrian conveyance such as perambulator, invalid chair without engine, push cart etc. or pulling a cycle are Pedestrians. Persons attending to a vehicle (e.g. for change or tyre, repairing engine etc.) moving on roller skates, etc. are also pedestrians.

12. Weather: Weather denotes the climatic conditions at the time of accident.. Only one weather condition should be marked.

- i. **Sunny:** Sunny day, clear skies, slightly cloudy or cloudy with no impedance to visibility

- ii. **Rainy:** Light rain, showers, heavy rain, intermittent rain, the time period just after a rain during which the roads are still wet/slippery.
 - iii. **Foggy/Misty:** light fog, dense fog, mist or any condition which hampers the visibility by precipitation (whitish and cloud like)
 - iv. **Hail/Sleet:** hail, sleet, or any weather conditions which reduces the tire friction due to ice formation
 - v. **Others:** All other weather conditions such as dust storms, night, heavy winds, cyclones etc. The weather under this condition needs to be specified in the space provided.
13. **Hit and Run:** Any accident in which the impacting vehicle flees the accident location or no information is available about the impacting vehicle, is marked Yes. All other cases are marked No.
14. **Type of Collision**
- A. Collision of:** This describes the nature of collision for e.g. Vehicle – Vehicle, Vehicle – Pedestrian, etc. Mark all appropriate options. Multiple options may be checked if required.
 - B. Collision With:** This describes the type of Collision.
 - i. **Parked Vehicle:** If the collision involves a parked vehicle.
 - ii. **Hit from Back:** If one of the vehicle involved in the accident is hit from back.
 - iii. **Hit from side:** If the accident is either a side swipe accident or a right angle accident.
 - iv. **Run off-Road:** If the vehicle leaves the carriageway or runs off road.
 - v. **Overtuned:** If any of the vehicles involved in the accident has overturned.
 - vi. **Hit Stationary Object:** If the accident involves only one vehicle which collided with a fixed object.
 - vii. **Head on Collision:** If the front end of two vehicles hit each other in opposite direction.
 - viii. **Others:** All others cases.
15. **Road Name:** Name of the Road.
16. **Road Number:** The number of the road if applicable.
17. **Landmark:** Nearby landmark which helps in identifying the exact location of the accident site.

18. **Chainage:** The chainage of the road (can be approximated from the nearest km stone).
19. **GPS Location:** The latitude and longitude of the accident location to four decimal places precision.
20. **No. of Lanes**
- i. **2 lanes or less:** If the total number of lanes considering both travel directions is two or less.
 - ii. **More than 2 lanes:** If the total number of lanes considering both travel directions is three or more. All highways with divided carriageway falls under this category.
21. **Road Surface**
- i. **Paved-** covered with a firm surface like paving stones or concrete or asphalt
 - ii. **Unpaved-** not covered with a firm surface like gravel road, morum road.
22. **Road Type:** Road Type describes the category of the road. Check the appropriate road type.
23. **Physical Divider:** Any physical barriers or railings that separates different lanes of traffic or it separates the road from a reserved area such as medians. If a physical divider is present along the road, then mark Yes. All other cases are marked No.
24. **Ongoing Road work/Construction:** Any accident which occurs in the vicinity of a road construction/repair zone is marked Yes. All other cases are marked No.
25. **Speed Limit:** Check the appropriate box if the speed limit of the road is known. Else mark Not Available.
26. **Accident Spot:** Accident Spot denotes the type of predominant human activity. Only one accident spot should be marked.
- i. **Residential:** If majority of the building near the accident location are houses, residential apartments or housing complexes.
 - ii. **Institutional:** If majority of the building near the accident location are institutions like schools, colleges, hospitals or large government establishments.
 - iii. **Market/Commercial:** If the accident location is near a market or business centres.

- iv. **Open:** If the accident location is near an open ground or field. These locations normally do not have any human activities in the vicinity.
- v. **Others:** If the accident locations do not fall in any of the above categories then specify the type of location.

27. Road Features

- A. **Features:** Check if the road is straight or curved at the location of accident.
 - B. **Features:** Check if the road has a bridge or culvert at the location of accident.
 - C. **Features:** Check if potholes are present on the road at the location of accident.
 - D. **Features:** Check if the location of accident is at a steep gradient (uphill/downhill, ramps, etc.).
28. **Road Junction:** Check the appropriate junction type if the accident occurred at a junction.
29. **Type of Traffic Control (if accident is at a junction):** Check the appropriate type of traffic control at the location of accident.
30. **Pedestrian Infrastructure:** Check the appropriate type of pedestrian infrastructure at the location of accident. If there are no pedestrian infrastructure provided, mark None.
31. **Vehicle Serial No.:** Vehicle Serial No. is to be recorded as numbers (1,2,3....) to help identify the vehicle involved in the subsequent tables of Road Accident Recording Form.
32. **Type of Vehicle:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
33. **Registration Number:** Registration Number of the vehicle if applicable.
34. **Disposition:** Disposition describes the mechanism used to move the vehicle from the accident site. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
35. **Load Condition:** Load condition describes the loading condition of the vehicle. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
36. **Mechanical Failure:** Mechanical failure describes the mechanical defects of the vehicle. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
37. **Age of Vehicle:** The age of vehicle as per records.

38. **Driver of Vehicle:** Driver of Vehicle should correspond to Vehicle Serial No. (Item No.31) and recorded as numbers (1,2,3....) to help identify the vehicle involved in the preceding table of Road Accident Recording Form.
39. **Vehicle Type:** Vehicle type should correspond to Type of vehicle (Item No.32) and to be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
40. **Sex:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
41. **Age:** Age of the driver of the vehicle involved in the accident.
42. **Impacting Vehicle:** Impacting Vehicle is the vehicle from Item No. 31 which is the other vehicle involved in accident. In case of accidents involving more than two vehicles, multiple vehicles can be referred in the single column.
43. **Impacting Vehicle Type:** It is the vehicle type of impacting vehicle (Item No. 42). To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
44. **License Type:** This item is not applicable for non-motorised vehicle. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
45. **License Number:** License number of the driver involved in the accident. This item is not applicable for non-motorised vehicle.
46. **Drunken Driving:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
47. **Traffic Violation:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
48. **Injury Type:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
49. **Using Safety Device:** The requisite safety device used by the driver during the accident. This item is not applicable for non-motorised vehicle. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
50. **Serial Number of Persons:** Serial No. of Persons is to be recorded as numbers (1,2,3....) to help identify the number of people other the driver involved in the accident in the subsequent tables.
51. **Person Type:** Person type includes all other persons except the drivers, who are involved in the accidents. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.

52. **Occupant of Vehicle Number:** Occupant of Vehicle Number should correspond with Item No. 31 to help identify passengers of a vehicle.
53. **Occupant of Vehicle Type:** Occupant of Vehicle Type should correspond with Item No. 52 to help identify passengers of a of vehicle. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
54. **Sex:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
55. **Age:** Age of the person other than the driver involved in the accident.
56. **Impacting Vehicle:** Impacting Vehicle is the vehicle from Item No. 31 which is the other vehicle involved in the accident. In case of accidents involving more than two vehicles, multiple vehicles can be referred in the single column.
57. **Impacting Vehicle Type:** It is the vehicle type of impacting vehicle (Item No. 56). To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
58. **Injury Type:** To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
59. **Using Safety Device:** The requisite safety device used by the passengers during the accident. This item is not applicable for non-motorised vehicle. To be filled with the appropriate code given at the end of page 2 of the Road Accident Recording Form.
