

FORME COMP.AA

(See rules 253(c),234(5)(iii),254(2),255(1)(iv))

REPORT ABOUT THE VEHICLE ACCIDENT

1)	Name of police station	SATPATI Dist palghar
2)	Cr/No To/No.SEC.NO	10/2020
3)	Date time and place of the accident	26/02/2020
4)	Name of the Injuerd/deceased	
5)	Name of the Hospital to which he/she was removed	SR.J.J.HOSPITAL MUMBAI
6)	Number of Vehicle and the types of the Vheicle	MOTORCYCLE MH.48. BA.8486
7)	Name and address of the driver of the Vehicle with particulars of driving licens of th said driver driver and the address of the Resing Authority of the said Driving License the number of the Badge in case of Public Servic Vehicle and the address of the Badge Authority of the said Badge.	SWPNIL SANJAY VAVRE, AT POST-HOUSE NO.1458, GAVDEVI MANDIR BOISAR, ADIVASHIPADA SARAWALI TAL-DIST PALGHAR, CH.NO MD637BR12H2E13663 E.NO BR1EH2014060
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	SANJAY VITTHAL VAVRE , AGE-36 , AT POST-HOUSE NO.1458, GAVDEVI MANDIR BOISAR, ADIVASHIPADA SARAWALI TAL-DIST PALGHAR, 15/01/2020 22.30
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	-
10)	No of inshurance policy / inshurance certificate and the date of the validity of the inshurance policy / inshurance certificate.	-
11)	Action taken if any and the result therfor	POLICE INVESTIGATION

ASST.POLICE INSPECTOR
SATPATI POLICE STATION

FORME COMP.AA

(See rules 253(c),234(5)(iii),254(2),255(1)(iv))

REPORT ABOUT THE VEHICLE ACCIDENT

1)	Name of police station	SATPATI Dist palghar
2)	Cr/No To/No.SEC.NO	43/2020
3)	Date time and place of the accident	26/05/2020
4)	Name of the Injuerd/deceased	NAMRATA NAINESH KINI AGE 43 YEAR AT.POST-MURBE BHANDARAALI, TEL.DIST-PALGHAR
5)	Name of the Hospital to which he/she was removed	TARAPUR PRIMARY HEAITH CENTER TARPUR,DIST- PALGHAR
6)	Number of Vehicle and the types of the Vheicle	BUS MH.48. BA.6803
7)	Name and address of the driver of the Vehicle with particulars of driving licens of th said driver driver and the address of the Resing Authority of the said Driving License the number of the Badge in case of Public Service Vehicle and the address of the Badge Authority of the said Badge.	RANJAN PRBHAKAR NAIK AGE-53 YEAR, AT POST HOLIMATAMANDAL, SATPATI- TAL-DIST PALGHAR, DRIVING LICENSE-VALIED TO- CH.NO NXE668650 E.NO NXE105069Z
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	STEAT GOVERNMENT MAHARASHTRA BUS TAL-DIST PALGHAR, 26/05/2020 18.20
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	-
10)	No of inshurance policy / inshurance certificate and the date of the validity of the inshurance policy / inshurance certificate.	-
11)	Action taken if any and the result therfor	POLICE INVESTIGATION

ASST.POLICE INSPECTOR
SATPATI POLICE STATION