

FORM COMP.A.A.**(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))****REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS**

Sr.			
1.	Name of the Police Station	:-	GHOLWAD
2.	Cr/No.Tar/No. SEC No.	:-	I 27/2019 IPC U/s 279,338,Mv Act 3/181, 146/196
3.	Date Time and place of the accidents	:-	22/02/2019 At 23-30 . Chikhale Sea Beach
4.	Name of the Injured/deceased	:-	Hitesh Dattu Baraf, Age-32, Chikhale Vadakatipada, Tal- Dahanu, Dist- Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Hospital – Vinobabhave Hospital Selvash
6.	Number of vehicle and types of the vehicle	:-	1) Pickup Jeep No. MH 04 -CG-0630
7.	Name and address of the driver of the vehicle with particulars driving license of the said driver driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	Sagar Subhash Dharane, Age- 30, At- Mangelwadi, Post- Chikhale, Tal- Dahanu, Dist- Palghar(Accused) Driving License – - RTO- -
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Roshan Laxmanji Khatik, HNo-470, NR Transform Betegaon Po- Boisar,Tal & Dist- Palghar,
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	Bajaj Allianz General Insurance Company Ltd
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insurance Policy No- OG-17-1918-1831-00000554 Date of the Validity – 20/02/2017 to 19/02/2018
11.	Action taken if any and the result there of.	:-	Charge Shit Submit on date-05/09/2019

NB:-This form Should accompany with all the necessary document viz (i) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.

Date:- 05/09/2019

**INSPECTOR OF POLICE
GHOLWAD POLICE STATION**