

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 32/2019 IPC U/s 304(A),279
3.	Date Time and place of the accidents	:-	19/03/2019 At 06-45 At Nagban Belipada Road, Tal- Dahanu, Dist- Palghar
4.	Name of the Injured/deceased	:-	Ratna Dharma Murha, Age- 83, Aswali Umbarsadapada, Tal- Dahanu, Dist- Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Hospital – Vinobabhawe Civil Hospital Silvassa
6.	Number of vehicle and types of the vehicle	:-	1) Trctar 2) bycycle
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?	:-	Shitaram Visnu Vinjara Age- 38 At- Nagban Chikhalohal 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?	:-	-
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	-
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	-
11.	Action taken if any and the result there of.	:-	Charge Shit Submit on date- 13/09/2019

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

Date:- 13/09/2019

INSPECTOR OF POLICE

GHOLWAD POLICE STATION