

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 49/2019 IPC U/s 304(A),279,337,338,Mv Act 184
3.	Date Time and place of the accidents	:-	13/07/2019 At 23.30 . Vevaji Nanapada
4.	Name of the Injured/deceased	:-	Sandip Devlya Shanvar at- Gangangaon Dandekarpada Tal-Dahanu Dist-Palghar. (Death)
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) Moter car No. MH 03 -BE-8244 2) Motar cycale k No-MH. 48-R-8104
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?	:-	Ajay Kakad Dumada, Address- At-Post-Dongari, Vilhatpada, Tal- Talasari (Accused) Driving License – MH4820170025857 RTO- Vasai 27/06/2037
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Ajay Kakad Dumada, Address- At-Post-Dongari, Vilhatpada, Tal- Talasari
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	Rilaince General Insurance co.Limided.
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insurance Policy No 110421923470018864 Date of the Validity – 15/01/2019 to 14/01/2020
11.	Action teken if any and the result there of.	:-	Charge Shit Submit on date-24/09/2019

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

Date:- 24/09/2019

**INSPECTOR OF POLICE
GHOLWAD POLICE STATION**

