

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	:-	Dahanu
2.	Cr/No.Tar/No. SEC No.	:-	I 32/19 IPC 304(A),337,338.MV Act 122/177
3.	Date Time and place of the accidents	:-	09/03/2019 time-22.00 At -front of kankaradi Tal-Dahanu Dist-Palghar.
4.	Name of the Injured/deceased	:-	I.Raju Vasant dubla
5.	Name of the Hospital to whiche he/she was removed	:-	Westcoast Diagnostic Centre & Nursing Home dahanu dist. palghar
6.	Number of vehicle and types of the vehicle	:-	Tepo MH-04,DS -8315 2. Moter cycal MH 48 AJ 8320
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 said Badge?	:-	Payrelal Ramlal Gupta, Age-55Y, AT- kankaradi Post- Vaki, Tal- Dahanu, Dist-Palghar
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.	:-	Police investigation

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

Date:-09/03/2019

**INSPECTOR OF POLICE
DAHANU POLICE STATION**