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FORM COMP.A.A.

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

S	r.	- 1	
1	. Name of the Police Station	+:	- Dahanu
2		·	
			1 18/2021 IPC U/s 304(a),279,337,338 Mv Act U/s 134(A)(B),184,187.
3	Date Time and place of the accidents	 -	
		.	Date 14/02/2021 At 9:00 pm, Place Saravali village Dahanu Charoti On The Road
4.	Name of the Injured/deceased	 :-	
			Add-At Misson Hosoital Samor Dahanu East,
			Tal-Dahanu, Dist-Palghar (Death)
5.	Name of the Hospital to whiche he/she was	: :-	
	removed		2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.	Number of vehicle and types of the vehicle	1:-	Motor Pik-Up No.MH-48/T-3097
			Motor Scooter No. MH-04/DC-8939
7.	Name and address of the driver of the	:-	
	vehicle with particulars driving license of		Niranda Apatment Dahanu East, Tal-Dahanu Dist-
	the said driver driver and the address of the		Palghar Driving License No.MH0420060013460
	issuing Authority of the said Driving		Date Of The Validity – 22/07/2021
	License, the number of the Badge in case		RTO- Vasai
	of Publice Service Vehicle and the address		
	of the issuing Authority of the saidBadge?		
8.	Name and address of the Owner of the	:-	Aashif Kamaluddhin Ansari, Add- Patelpada
	Vehicle as it stand on the date of the		Niranda Apatment Dahanu East, Tal-Dahanu Dist-
	accident?		Palghar
			(Motor Pik-UP No. MH-48/T-3097)
9.	Name and address of the Insurance	:-	Krishna Kunj Dahanu Road Behind Bank Of
	company with whom the Vehicle was		Baroda Dahanu Tal Dahanu Dist Palghar
	msured and the Divisional office of the		
	said Insurancecompany?		
10.	No. Of Insuranc Policy/Insurance	:-	Insurance No. 129023120P113290883
	Certificate and the date of the validity of		Date of the validity- 15/02/2021
	the Insuranc Policy/Insurance Certificate.		
11.	Action teken if any and the result there of.	:-	Chargseet

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

Date:-

INSPECTOR OF POLICE DAHANU POLICE STATION