

**227 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 39/2021 IPC U/s 304 A,279,337,338, MV - ACT 184
3.	Date Time and place of the accidents	: Date 12.03.2021 At 00.15 pm, Place Santoshi - Bus Stop Dahanu to Charoti road, Dahanu , Tal-Dahanu Dist-Palghar
4.	Name of the Injured/deceased	: Ankit Pavankumar Saraswat Age-24 year at - Ganjad Dahanu ,Tal-Dahanu Dist palghar
5.	Name of the Hospital to whiche he/she was removed	: Sub District Hospital Dahanu tal- Dahanu Dist - Palghar
6.	Number of vehicle and types of the vehicle	: Hyundai i20 No. MH-43AT-5184 -
7.	Name and address of the driver of the vehicle with particulars driving license of the said driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Public Service Vehicle and the address of the issuing Authority of the said Badge?	: 1) Accused- Mohit harish Varma, R/O Shree - Karan CHS R-H-2 Plot No 91 Sector 17 Near Municipal Hospital, Koparkhairane, Navi Mumbai Driving License No.- MH43 20110015136 Date of validity 17-07-2031 (NT)
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	: 1) Hyundai i20 No. MH-43AT-5184 - Name- GULAB VITTAL MULE R/o- BHOOMIRAJ CASABE, C-WING SECT-19- B KOPARKHAIRANE, NAVI MUMBAI- 400709
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	: Nill

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

Date:-



**INSPECTOR OF POLICE  
DAHANU POLICE STATION**