

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 38/2021 IPC U/s 304 (a),279,338 Mv Act U/s 184, 134(a)(b).
3.	Date Time and place of the accidents	:-	Date 11/03/2021 At 08:00 Am, Place Gnajal Manipur Waghatpada village, Dahanu Charoti On The Road
4.	Name of the Injured/deceased	:-	Raghu Shirad Bond, Age 60 Years, Add-At Manipur Waghatpada, Post- Ganjal, Tal-Dahanu, Dist- Palghar (Death)
5.	Name of the Hospital to whiche he/she was removed	:-	Sub Division Hospital Dahanu
6.	Number of vehicle and types of the vehicle	:-	Vehicle Undetect
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?	:-	Vehicle Undetect
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Vehicle Undetect
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	Vehicle Undetect
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Vehicle Undetect
11.	Action taken if any and the result there of.	:-	Vehicle Undetect

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**