FORM COMP.A.A.

(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

KEI OKI ABOUT		
Name of the Police Station	:-	Dahanu I 118/2021 IPC 304(a),279,337,338 MV Act. 184
Cr/No.Tar/No. SEC No.	-	27/04/2021 time- 01.30 At - Ganjad, Kahadolpad,
Date Time and place of the accidents	:-	m t D to Diet Dalghar
Name of the Injured/deceased	:-	Vilash Mohan Chavan, Age- 39, Add- Amalner, Paroda rd, pelada, tal- amalner, Dist- Jalgaon
5. Name of the Hospital to whiche he/she		SDH Hospital Dahanu
Name of the Hospital to whiche he/she	:-	SDH Hospital Dahama
		MH-19BL-6412
	-	
Name and address of the driver of the	:-	Vilash Mohan Chavan, Age- 39, Add- Amalner, Paroda rd, pelada, tal- amalner, Dist- Jalgaon
vehicle with particulars driving license		Paroua ru, peraua, tar
of the said driver driver and the address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of the issuing Authority of the said		
Driving License, the number of the	A CONTRACTOR OF THE CONTRACTOR	
Badge in case of Publice Service	Special Section 1	
Vehicle and the address of the issuing		
Authority of the said Badge?	1	Vilash Mohan Chavan, Age- 39, Add- Amalner,
Name and address of the Owner of the		Paroda rd, pelada, tal- amalner, Dist- Jalgaon
		I mount of production
accident?	1	-
Name and address of the Insurance		
company with whom the venicle was		
said Insurancecompany?	 	_
No. Of Insurance Policy/Insurance		
Certificate and the date of the validity		
of the Insuranc Policy/Insurance		
Certificate.		NU
Action teken if any and the result there	:-	Nil
of.		; (') FID (0)
	Name of the Police Station Cr/No.Tar/No. SEC No. Date Time and place of the accidents Name of the Injured/deceased Name of the Hospital to whiche he/she was removed Number of vehicle and types of the vehicle 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? Name and address of the Owner of the Vehicle as it stand on the date of the accident? Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany? No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate. Action teken if any and the result there	Name of the Police Station Cr/No.Tar/No. SEC No. Date Time and place of the accidents Name of the Injured/deceased Name of the Hospital to whiche he/she was removed Number of vehicle and types of the vehicle 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? Name and address of the Owner of the Vehicle as it stand on the date of the accident? Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany? No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insurance Policy/Insurance Certificate. Action teken if any and the result there

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

Date:-05/05/2021

INSPECTOR OF POLICE DAHANU POLICE STATION