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FORM COMP. A. A
(See Ryles 253 (5)(iii), 254 (2)255 (1)(IV)
REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

Sr.			
1	Name of the Police Station	:-	Vikramgad
2	Cr/No. Tar/NO.SEC No	:-	27/2021 IPC. 304(A),279,337,338,MVACT.184
3	Date Time and place of the accidents	:-	02/02/2021 at. 19:00 pm
4	Name of the Injurd/Aceased	:-	Rasmi Pangale Kharat at- Dadade, Tel- Vikramgad, Dist- palghar
5	Name of the Hospital to Which he/she Was Removerd		Sayan hospital mumbai
6	Number of vehicle and types of the vehicle	:-	Motar cycle. No. mh.05,av-4051
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 Driver License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the said Badge		Ajay krushna vaijal at – sarshi, vaijalpada, tel- vikramgad, dist - palghar
8	Name and address of the Owner of the Vehicle as it stand on the date of the accident	:-	Motar cycle. No. mh.05,av-4051
9	Name and address of the Insuranc company with whom the Vehicle was msured and the Divisonal office of the said Insurance company	:-	--
10	No.Of Insurance policy/ Insurance Certificate and the date of the validity of the Insurance policy / Insurance Certificate	:-	--
11	Action taken if any and the result there of	:-	27/2021 IPC. 304(A),279,337,338,MVACT.184charj seet file, jmfc cort jawhar

NB:-This Form Should Accompany With All The Necessary Document Viz (i) FIR, (2) Panchnama, (3) Medical Certificate/Postmoutum Report.

DATE:- 02/ 06/2021