

## REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

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| Sr |   |    |  |
| 1  | Name of the Police Station  | :- | Vikramgad  |
| 2  | Cr/No. Tar/NO.SEC No  | :- | 30/2021 IPC.<br>304(a),279,337,338,MVACT.184   |
| 3  | Date Time and place of the accidents  | :- | 001/03/2021 at. 20:00 pm   |
| 4  | Name of the Injurd/Aceased  | :- | Sunita chaitya bhoys at- palatpada, tel – vikramgad, dist- palghar                   |
| 5  | Name of the Hospital to Which he/she Was Removed  |    | Sayan hospital mumbai  |
| 6  | Number of vehicle and types of the vehicle  | :- | Motar cycle. No. mh.04, J.T.-- 6466  |
| 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 Public Service Vehicle and the address of the issuing Authority of the said Badge |    | Sudam chaitya bhoys bhoys<br>at- palatpada, 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.04, J.T.-- 6466  |
| 9  | Name and address of the Insurance company with whom the Vehicle was insured and the Divisional 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 thereof  | :- | 30/2021 IPC.<br>304(a),279,337,338,MVACT.184<br>charge sheet file, jmfc court jawhar |

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

DATE:- 02/ 06/2021