227 FORM COMP.A.A. (See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))

(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))		
REPORT ABOUT	11	IE MOTOR VEHICLE ACCIDENTS
Name of the past		
Cr/No Tar Ni or Station	1.00	Lalasari Police Station
NO. TALYNO. SEC No.	14	141/2021 IPC-304(A),279.337.338.427 M.V. Act
Date Time and al		184 ctc
and place of the accidents	т. 1	07/07/2021 at Time 16.00 PM Girgao aarajpada taat
		Traning point. Icl- Talasari. Dist-Paletan
deceased	2	Deceased- I. Patit chaitanya Dehari Age-11
		Gangadevi chal, solsumbha failt marting
		Valsad, Gujarat state
		2. Vishvajeet Ashok Jena Age- 32 Year
		Gangadevi chal, solsumbha IaUmargao D.
Nume of the Hospital to a line to the		Valsad, Gujarat state
Was removed	1-	Rural Hospital Talsari
		GJ.15.AJ.2851 Motar cycle
vehicle	:-	
		Patit chaitanya Dehari Age-31 year At- Gangadevi
		chal, solsumbha TaUmargao Dist-Valsad. Gujarat
		state
		State
		Driving license- no
Partice in case of Publice Service		Driving needse ma
Valida and the address of the issuing		
Authority of the saidBadge?		
Number of the Salubudge.	:-	Deepak kumar At- Atakparadi Dharampur road
Name and address of the other of the		Valsad Gujarat
accident?	:-	-
Name and address of the Institute was		
company with whom the ventered		
misured and the Divisional office of		
said Insurancecompany.	:-	Insuranc Police No:
No. Of Insurance Folicy, insurance		
Certificate and the date of the values		Validity:
of the Insurance Policy/Insurance		
Certificate.	;-	Police pending
Action teken if any and the repair		
0		with all the necessary document viz (i) FIR, (2)
NB:-This form Should accompany NB:-This form Should accompany		
Panchnama, (3) Medical Certificate/Fostinortain repeat Date:- 21.07.2021		
	REPORT ABOUT 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 Injured/deceased 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 saidBadge? Name and address of the Owner of the Badge in case of Publice Service 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	REPORT ABOUT IIName of the Police StationCr/No.Tar/No.SEC No.Date Time and place of the accidentsName of the Injured/deceasedName and address of the driver of the vehicle with particulars driving license 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?Name and address of the Insurance company with whom the Vehicle was mstured 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

INSPECTOR OF POLICE TALASARI POLICE STATION