

## FORME COMP.AA

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

### REPORT ABOUT THE VEHICLE ACCIDENT

1)	Name of police station	saphala Dist palghar
2)	Cr/No To/No.SEC.NO	I 07/2021 ipc- 304(a)279,337,338, ,m.v.act 184,146/196, 3(b)/177
3)	Date time and place of the accident	15/02/2021 AT – 16.30
4)	Name of the Injuerd/deceased	MOHAMMADALI SHABUDDIN SHAIKH. AGE -41 YEARS
5)	Name of the Hospital to which he/she was removed	RURAL HOSPITAL SAPHALE
6)	Number of Vehicle and the types of the Vheicle	1) PASSION PRO.MOTOR CYCLE NO MH 48 EW - 2637
7)	Name and address of the driver of the Vehicle with particulars of driving licens of th said driver driver and the address of the Resing Authority of the said Driving License the number of the Badge in case of Public Servic Vehicle and the address of the Badge Authority of the said Badge.	MOHAMMADALI SHABUDDIN SHAIKH. AGE -41 YEARS ADD- AT. FATIMA SOCIETY INDIAN BANK NEAR VIRAR WEST, DIST- PALGHAR. Driving License NO-MH 48 /0008486/2021
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	RANJIT PANDURANG GHARAT. AGE -28 YEARS. ADD - AT.KHARDI POST-DATIVARE SAPHALE DIST- PALGHAR.
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	--
10)	No of inshurance policy / inshurance certificate and the date of the validity of the inshurance policy / inshurance certificate.	--
11)	Action taken if any and the result therfor	ABET FINAL

ASST.POLICE INSPECTOR  
SAPHALA POLICE STATION