

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 36/2021 ipc- 279,337,338, ,m.v.act 184,134/187
3)	Date time and place of the accident	1/06/2021 AT – 20.00
4)	Name of the Injuerd/deceased	DHYANESHWAR RAMBHAU PATIL AGE - 65 YEARS
5)	Name of the Hospital to which he/she was removed	DHADA HOSPITAL SAPHALE
6)	Number of Vehicle and the types of the Vheicle	-
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.	UNKNOWN PERSON
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	-
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	POLICE INVESTIGATION

ASST.POLICE INSPECTOR
SAPHALA POLICE STATION