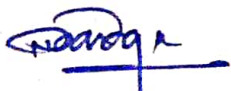


227 FORM COMP.A.A.**(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))****REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS**

Sr.		
1.	Name of the Police Station	: Dahanu
2.	Cr/No.Tar/No. SEC No.	: T 09/2022 IPC U/s 304(A) 279,337,338, MV - ACT 184
3.	Date Time and place of the accidents	: Date 31/12/2021 At 20.45.00 am, Place near - kankradi rai road , Tal Dahanu Dist Palghar
4.	Name of the Injured/deceased	: Pintu anil shanvar age- 19 year at savata - kosimpada ,tal-Dahanu dist palghar
5.	Name of the Hospital to whiche he/she was removed	: Surat new civil hospital, Surat -
6.	Number of vehicle and types of the vehicle	: 1. Boxer No. MH04-AQ-8755 -
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 Driving License, the number of the Badge in case of Public Service Vehicle and the address of the issuing Authority of the saidBadge?	: Pintu anil shanvar age- 19 year at savata - kosimpada ,tal-Dahanu dist palghar (he don't have driving license)
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	: 1) Boxer No. MH04-AQ-8755 - Name-yash dhanesh mali,add- near seahood hotel, tal-Dahanu dist palghar
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	: Nill -
10	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	: Nill -
11	Action taken if any and the result there of	: Nill

NB:- This form Should accompany with all the necessary document viz (i) FIR,(2) Panchnama, (3) Medical Certificate/Postmortum Report.

Date:-


INSPECTOR OF POLICE
DAHANU POLICE STATION