


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.	:-	I 157/2022 IPC U/s 304(A), 279,337,338, MV ACT 184,187,134(A)(B)
3.	Date Time and place of the accidents	:-	Date 12/10/2022 At.05.00pm between to 13/10/2022 At 08.30am, Place Front of the Charoti Dahanu Road, Near By Ransetgaon Tal Dahanu Dist Palghar
4.	Name of the Injured/deceased	:-	1) Ramdin shobha ram (deceased) Address – At- Elaychi Nagar, Mangara Kohal, Balrampur, State - Uttar Pradesh
5.	Name of the Hospital to whiche he/she was removed	:-	Sub District Hospital Dahanu, Tal- Dahanu Dist Palghar
6.	Number of vehicle and types of the vehicle	:-	Unknown vehichal
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 Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	Unknown Driver
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Unknown Person
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurance company?	:-	Unknown
10	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	--
11	Action taken if any and the result there	:-	Nil/

/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