FORM COMP.A.A.

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

| | REPORT ABOUT THE | IVIO | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sr. 1. 2. 3. 4. 5. 6. 7. | 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 Hospital to whiche he/she was removed 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 | :- :- :- :- | Dahanu 1 94/2023 IPC 279,337, 338,427MV Act.184 07/04/2023 Time- 06.15 At - Dahanu Asagad, Jamshet,Men Road, Tal-Dahanu Dist-Palghar. Rekha Kisan Macchi, Age 41, Add. Entrigat, Dadipada, Tal- dahanu, Dist- Palghar Asagad PHC tal- dahanu, Dist- Palghar 1) MH-48-BB-8084- Rekha Kisan Macchi 2) MH-48-AL-3905- Pandurang Navshya Umtol Rekha Kisan Macchi, Age 41, Add. Entrigat, Dadipada, Tal- dahanu, Dist- Palghar License No. MH4820210017360 |
| 8. | Vehicle and the address of the issuing Authority of the said Badge? Name and address of the Owner of the Vehicle as it stand on the date of the | :- | Pandurang Navshya Umtol At. Jamshet Patilpada, Tal- Dahanu, Dist- Palghar |
| 9. | accident? Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany? | :- | |
| 10. | No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate. | :- | - |
| 11. | Action teken if any and the result there of. | :- | Nil |
| | 01. | | 1 (2) |

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

Date:-10/05/2023

INSPECTOR OF POLICE DAHANU POLICE STATION

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