

## FORM COMP.A.A.

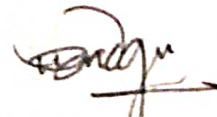
(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv) )

## REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

Name of the Police Station	:-	Dahanu
Cr No.Tar/No. SEC No.	:-	I 30/2022 IPC u/s 304(a).279,337,338,MV Act 134 a b mv act 184
Date Time and place of the accidents	:-	12/12/2022 time- 20.30 pm pale gavthanpada savata-vangav road Tal-Dahanu Dist-Palghar.
Name of the Injured/deceased	:-	Arvind ladakya balshi Age- 36 Y At/post- pm pale gavthanpada, Tal-Dahanu Dist-Palghar.(Death)
Name of the Hospital to whiche he/she was removed	:-	S.vinoba bhav hospital silvassa D N H
Number of vehicle and types of the vehicle	:-	auto rickha no name and number
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 Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	----
Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	--
Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	---
No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	---
1. Action taken if any and the result there of.	:-	RTO cheking.

**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**