

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 97/2023 IPC U/s 304(A) 279,337,338, MV - ACT 184, 3/181,5/180,146/192
3.	Date Time and place of the accidents	: Date 17/04/2023 At 01.45 am, Around Place - Aasave santoshi Close to charoti- dahanu road Tal Dahanu Dist Palghar
4.	Name of the Injured/deceased	: Ganpat Mangalya kharpadya age- 28 year at - Dehane of Kotharpada , Tal- Dahanu, Dist- Palghar Injured name – Hitesh Bapu Thapady age 25 year at Dehane of Kotharpada tal- dahanu ,dist - palghar
5.	Name of the Hospital to whiche he/she was removed	: Vinobh Bhawe, Hospital Selwas, State Gujarat -
6.	Number of vehicle and types of the vehicle	: 1. Honda shine motor cycleNo. MH-48-AM- - 2520,
	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?	: 1. Accused- . Hitesh Bapu Thapad age 25 year - at Dehane of Kotharpada tal- dahanu ,dist - palghar Driving License No.- No Driving License Date of validity –
7.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	: 1. Honda shine motor cycleNo. MH-48- AM- 2520, - . Vinod bapu thapad at Dehane of Kotharpada Tal-Dahanu Dist Palghar
8.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	: 1. Honda shine motor cycleNo. MH-48-CA- 3934, - Name- Rellance General insurance company
	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	: 1. onda shine motor cycleNo. MH-48-CA- 3934, - Number- 1103262312012864
	Action taken if any and the result there of	:

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