

**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.	: 130/2023 IPC U/s 304(A) 279,337,338, MV - ACT 184,
3.	Date Time and place of the accidents	: Date 05/06/2023 At 10.30 am, Place - Ambesari-Aashagad road Jamshet Tal Dahanu Dist Palghar
4.	Name of the Injured/deceased	: Chandu Navshye Govari At post Chinchale - Khadkipada Tal-Dahanu Dist- Palghar
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	: Honda Avtiva No. MH-48-EL-0910 -
	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?	: Accused- Vilash laxman Merye - Driving License No.- MH-48-20180031940 Date of validity – 07/01/2036 upto
7.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	: Hero Splender plus No. MH-48-EL-0910 - Name- Vilash laxman Merye At-post Aambesari Getipada tal- dahan Dst- Palghar
8.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	: Hero Splender plus No. MH-48-EL-0910 - Name- <b>Shriram</b> General insurance company Ltd
9.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	: Hero Splender plus No. MH-48-EL-0910 - Number- 215067/31/23/002025
10	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**