

(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.	: T143/2020 IPC U/s 304(A)279,337,338, MV - ACT 177,184,134 (A)(B), 130(3)/177, 3/181, 5/180
3.	Date Time and place of the accidents	: Date 25/04/2023 At 17.25 PM On Dahanu- - charoti Raod in front of Aashagad out post tal-DahanuDist-palghar
4.	Name of the Injured/deceased	: 1)sangita haresh kom satipada, Tal- - DahanuDist-palghar
5.	Name of the Hospital to which he he/she was removed	: Sub District Hospital Dahanu, Tal - DahanuDistPalghar
6.	Number of vehicle and types of the vehicle	: 1. Honda active 3 g scooter no mh 48 bw - 5975 2) TVS Star City Motor cycle no mh 04 dp 4148
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 Public Service Vehicle and the address of the issuing Authority of the saidBadge?	: 2) Accused- ankush sanaya ravate - R/O kainad kakadpada, Tal- DahanuDistPalghar Driving License No.- Date of validity -
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	: 1) Honda active 3 g scooter no mh 48 bw - 5975 Name-khushan ladakya rade, R/O mangatpada,jamshet Tal-Dahanu DistPalghar 2) TVS Star City Motor cycle no mh 04 dp 4148 Name- singhasan ramrup prajapati R/O lonipada katiroad, Tal-Dahanu Dist- Palghar
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurance company?	: -
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 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**