

227FORM 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	:-	
2.	Cr/No.Tar/No. SEC No.	:-	I 289/2023 IPC U/s279,337,338,mv Act 184,134(A)(B)/187
3.	Date Time and place of the accidents	:-	Date 20.09.2023At 08.45pm, Place, Railway Brij, West , Dahanu to Charoti Road
4.	Name of the Injured/deceased	:-	1.Susmita Shirish Jadhav, At. Kainad Naka Near, Tanna Complex, Buiding, Tal.-Dahanu, Dist. Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	1.Kalpadip,Hospital Dahanu 2. Sewa Hospital Dahanu
6.	Number of vehicle and types of the vehicle	:-	1) Motar Cycle - MH.48/CA 2660 2) Un Non Motar Cycle
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 Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	1) Susmita Shirish Jadhav, Age 45,At. Kainad Naka Near, Tanna Complex, Buiding, Tal.-Dahanu, Dist. Palghar Learner Driving License No. MH48/0037420/82022 DOI 04.05.2022 RTO Vasai
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	1. Susmita Shirish Jadhav, Age 45,At. Kainad Naka Near, Tanna Complex, Buiding, 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 Insurancecompany?	:-	No
10	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	1) Policy No. Validity Date
11	Action taken if any and the result there of	:-	Nil

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