

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.	:-	I 330/2023 IPC U/s 304(A) 279,337,338, MV ACT 184, 185,3(1)/181,146/196
3.	Date Time and place of the accidents	:-	Date 11/11/2021 At 23.39 pm, Place Dahanu charoti road near ghartanpada saravali village Tal Dahanu Dist Palghar
4.	Name of the Injured/deceased	:-	1) Sarika NARESH Ahadi (deceased) 2) Mohini Bablya Ahadi Address – At- Ghartanpada,post- Saravali tal - Dahanu, Dist-Palghar.
5.	Name of the Hospital to whiche he/she was removed	:-	Sub District Hospital Dahanu, Tal- Dahanu Dist Palghar & Dstrict sivil hospital valsad State-Gujrat
6.	Number of vehicle and types of the vehicle	:-	1. Bajaj pulsar No. MH48-AA-5434
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?	:-	2) Accused- Kiran Prakash Lakhat, R/O At- Ambewadi narpad, tal -Dahanu, Dist-Palghar Driving License No.- Nill
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	1) Bajaj Pulsar No. MH48-AA-5434 Name kiran Prakash Lakhat, R/O At-Po Narpad ambewadi,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?	:-	nill
10	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Nill
11	Action taken if any and the result there	:-	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**