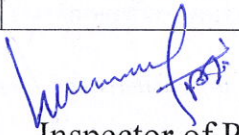


# FORM

[See Rules 253 ©, 254© (iii), 254 (1) (iv)]

## REPORT ABOUT THR MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	:-	Sawantwadi
2	CR No/TAr No/SDE No	:-	Cr No. 0115/2017
3	Date ,Time and place of the Accident	:-	24/05/2017 as on 14.00 at Malgaon Swami-Dhabah
4	Name of the injury/Deceased	:-	Driver's Death
5	Name of the Hospital to which he/she was removed	:-	Medical Colleague Bambulim goa
6	Number of vehicles and type of the vehicles	:-	Chetak Bajaj Scooter No- GA-01-D-7970
7	Name and Address of the Driver of the vehicles with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving Licence. The Number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	:-	Prabhakar Rajaram Dalvi Age- 58 At and Post- Mazgaon Har-sawantwada Tal- Sawantwadi Dist- Sindhudurg Licence No- MH0720110008954
8	Name and address of the Owner of the vehicles as it stands on the date of the accident.	:-	Prabhakar Rajaram Dalvi Age- 58 At and Post- Mazgaon Har-sawantwada Tal- Sawantwadi Dist- Sindhudurg
9	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional officer of the said Insurance Company	:-	The Oriental Insurance Company limited Branch Sawantwadi
10	Number of Insurance Policy/Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificates.	:-	164590/31/2017/129 Dated:- 22/05/2016 To 21/05/2017
11	Action taken if any and the result there of.	:-	Abideath Summary
 Inspector of Police Sawantwadi police Station			
17	N.B.:- This form should accompany with all the necessary document viz (1) FIR. (2) Panchanama (3) Medical Certificate/Post-Mortem Report.		