

**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.220 / 2022
3	Date ,Time and place of the Accident	:-	27/11/2022 as on .22.00 at Malgaon ,Sutarwadi Tal- Sawantwadi
4	Name of the injury/Deceased	:-	Dhondiraj alias Omkar bala rawool (Dead) Lavu Ramkrishna rawool (injured)
5	Name of the Hospital to which he/she was removed	:-	1.Sub district hospital sawantwadi Tal - Sawantwadi , 2.Siddhivinayak orthopedic Hospital ,Sawantwadi, 3.Goa Medical college ,Bambuli Goa
6	Number of vehicles and type of the vehicles	:-	Tata Intra No- MH -07 AJ- 2308 (Accused) Honda Unicorn Motorcycle no MH -07 AF- 9311
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.	:-	Sudhakar Rajendra Metkar Age -29 Years At and Post - Hirlok , Talewadi Tal - Kudal Licence No- MH 07 20120000225 (Accused) RTO Sindhudurg
8	Name and address of the Owner of the vehicles as it stands on the date of the accident.	:-	Sudhakar Rajendra Metkar (Accused)
9	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional officer of the said Insurance Company	:-	A Block ,Heritage House ,Ground Floor ,6 Ramabai Ambedkar Road , Pune- 411001
10	Number of Insurance Policy/Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificates.	:-	170122223340022984 Dated:- 22/03/2022 To 21/03/2023
11	Action taken if any and the result there of.	:-	Chargesheet file
<p>Inspector of Police Sawantwadi police Station</p>			
12	N.B.:- This form should a company with all the necessary document viz (1) FIR. (2) Panchanama (3) Medical Certificate/Post-Mortem Report.		

