

227 FORM COMP. A.A.

(See rules 253 (c), 234 (5) (iii), 254 (2) 255 (1)(iv)) REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS.

1. Name of the Police Station : **kudal police station Sindhudurg, Maharashtra**
2. Cr/No. Tar/ No. SEC No. :**44/2024**
3. Date, time and place of the accident :**27/02/2024 at 4.00 am ,unchavla stop humras kudal**
4. Name of the Injured / deceased : **1. Umesh rambhau batate age 30 years stays at kolgaon, chafeali atl sawantwadi tal sawantwadi (injured)**  
**2. Shailesh subhash vadekar age 35 years stays at kolgaon, near marutimandir tal sawantwadi (deceased)**
5. Name of the Hospital to which he / she was removed :-**subdistrict hospital sawantwadi**
6. Number of Vehicle and the types of the vehicle : **01 suzuki access scooter**
7. Name and address of the driver of the vehicle with particulars of : **at kolgaon near marutimandir**  
  
driving license of the said driver 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 said Badge ? **sawantawadi tal- sawantwadi dist Sindhudurg**
8. Name and address of the Owner of the Vehicle as it stand on : **Shailesh subhash wadekar at kolgaon near marutimandir sawantwadi**  
  
the date of the accident ?
9. Name and address of the Insurance company with whom the :Go digit general insurance ltd vehicle was insured and the Divisional office of the said Insurance Company ?
10. No. of Insurance Policy / Insurance Certificate and the date of the : 01, 03- feb 2021 to 02 feb 2026  
  
validity of the Insurance policy / Insurance certificate.
11. Action taken, if any, and the result thereof. : **Crime registered as of 44/2024**

  
(J.s.kamble)

Police sub inpector  
Kudal police station