

LCB

FORM COMP.AA [See Rules 253 ©, 254 (c) (iii, 254 (80), 255 (1) (iv)] REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station :-	Kasara Police Station, Dist. Thane R.
2	CR.NO./TAR No./SDE No.	Cr. No. 135/2024 BNS- 281, 125(a)(b) M.V.Act.- 184,
3	Date, Time and Place of the accident.	Date- 20/09/2024, 10-00 am onwards on Nashik-Mumbai Highway Road at New Kasara Ghat Amba point on Mumbai lane, Village- Latifwadi
4	Name of the <u>Injured</u> / Deceased	Mithlesh kumar Ramlakhan Pandey, Age-26 yrs, Add- Hardua Village, Tal. Semriya, Dist. Riwa, State- Maharashtra
5	Name of Hospital to which he / she was removed	1) Civil Hospital, Nashik
6	Number of vehicles and type of the vehicle.	1.Trailer No. DD-03/R-9030
7	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service vehicle and the address of the Issuing Authority of the said Badge.	Mithlesh kumar Ramlakhan Pandey, Age-26 yrs, Add- Hardua Village, Tal. Semriya, Dist. Riwa, State- Maharashtra MP1720140003450 R.T.O. – State-M.P.
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	Trailer No. DD-03/R-9030 VORA TRANS FRIGHT SERVICES, (Owner Name) Address :- House NO. DMC-8/125, Near Custom House Jain Street Nani Daman, Daman, DD 396210
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Trailer No. DD-03/R-9030 Bajaj Allianz General Insurance Company Ltd. Add- Bajaj Allianz House, Airport Road, Yerwada, Pune-411006
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate.	Trailer No. DD-03/R-9030 Policy No & Certificate No. OG-24-1907-1803-00001538 Date of Validity :- 25/11/2023, 00-01 to Dt. 24/11/2024, Midnight

11	Action taken, if any. And the result there of.	Chargesheet
12		Inspector of Police.Suresh Gavit
		KASARA .Police Station
N.B – This form should accompany with all the necessary documents (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report		

Suresh Gavit
पोलीस निरीक्षक
कसारा पोलीस स्टेशन