

FORM COMP AA

[See Rules 253,254 (c)(iii),254(8),255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars	-	---
01	Name of the Police Station	:-	KASARA Police Station
02	CR.No./TAR No./SDE No.	:-	C.R.No. 22/2025भा.न्या.सं.क.106(1),281,125(a),125(b)सह MV ACT 184 प्रमाणे
03	Date,Time,and Place of the accident	:-	Date - 08/02/2025 at night 22:00 Infront of Sai krupa hotel, nashik Mumbai highway
04	Name of the Injured/Diceased	:-	Death- Dashrath laxman bondre age 45 Injured- -----
05	Name of Hospital to which he/she was removed	:-	Kasara PMC Hospital
06	No.of vehicles and type of the vehicles	:-	1 Swift Desire motor car No. MH 05 BS 6806
07	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 address of the Issuing Authority of the said Badge.	:-	Accused / Driver Name - Vikas Sukhdeo Dhongade age 54 , address - 1/4 Saptarungi bhd old janata bank kolsewadi katemanivali,kalian east thane 421306 Drivince Linance - MH05 1991500014
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Name - Vikas Sukhdeo Dhongade age 54 , address - 1/4 Saptarungi bhd old janata bank kolsewadi katemanivali,kalian east thane 421306

09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New India Assurance Co. Ltd Insurance Guru govind niwas, second floor, murbad road, opp. Poornima theatre, kalia, Maharashtra ४२१३०१
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No- 17050031240100000725 Date From -20/11/2024 - 19/11/2025
11.	Action taken, if any, and the result thereof	:-	Investigation in progress KASARA Police Station.