

जा. क्र. वाशंद पो. स्टे./ ७९ /२०२४
दिनांक - १८ /०२/२०२४

FORM COMP.AA
(see rules 253,253(c),(iii),254(80),255(I)(iv))

1	Name of Police Station	Vashind, Dist – Thane (R)
2	CR. NO/TAR/SDE.no	Cr I 243/2024 BNS/2023 106, 281, 324(4), 281 Mv Act - 184, 187
3	Date Time & Place of accident	24/12/2024 at Night 11.21 At Mumbai Agra National Highway, Vashind Tal. Shahapur, Dist - Thane
4	Name of injured/ Deceased	Dead Person Name – Valku Tukaram Dukre Age 48, Address : Bangarnagar, Gothegarh, Vafhepada, Tal- Shahpur Dist- Thane
5	Name of Hospital to which He/She was removed	1) Sub Division Hospital, Shahpur Tal- Shahpur Dist- Thane State- Maharashtra
6	Number of vehicle & type of vehicle	Contaner Vehicle
7	Name & address of the driver of the vehicle with particulars of driving license of the said and the address of the issuing Authority of this said driving license . The number of Badge in case of public vehicle & the address of issuing Authority of the said Badge	Unknown Vehicle
8	Name & address of the Owner of the vehicle as it stands on the date of the accident	Unknown Vehicle
9	Name & address of the insurance company with whom the vehicle was insurance & the Divisional office of the said Insurance company	----
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance policy/ insurance certificate	----
11	Action taken, if any & result of	Offence reg. at Vashind P.S CR 243/2024 BNS/2023 106, 281, 324(4), 281 Mv Act - 184, 187
12	This form should accompany with all the necessary documents(I) FIR (2) Panchanama (3) medical certificate / postmortem report	

मा.सविनय सादर

पोहवा/3875 एच.डी.परदेशी
वाशंद पोलीस ठाणे