

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	KINHAVALI POLICE STAN Dist-Thane Rural
2	CR.NO/TAR NO /SDE NO	I- 248/2024 BNSS 125(A),125(B),281, with M.V.Act 184,
3	Date, Time and Place of the accident	16/10/2025 on 11.30 At shenava Bedisgave road Tal- SHAHAPUR Dist-Thane, on shenava umbrei road Road
4	Name of injured/deceased	Vijay Gopal Shid Ag 26 yers At-Shivechiwadi po-Khutul Baragaon Tal-Murabad Dist-Thane
5	Name of the hospital to which he/she was removed	Pinnacle Ortho Center Hospital Thane
6	Number of vehicles and type of the vehicle	Bajaj Pulsar Ns 160 MH 04 LL 8581
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.	Umesh Gurunath Agivale AT-Adiwali,Post-Kharid Tal-Shahapur Dist-Thane
8	Name and address of the owner of the vehicle as it stands on the date of the accident.	Bajaj Pulsar Ns 160 MH 04 LL 8581 Driver name - Umesh Gurunath Agivale AT-Adiwali,Post-Kharid Tal-Shahapur Dist-Thane
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company	Bajaj Pulsar Ns 160 MH 04 LL 8581
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance policy/insurance Certificate	Bajaj Pulsar Ns 160 MH 04 LL 8581
11	Action taken, if any. And the result there of.	Inquiry is to be continued.
N.B – This form should accompany with all the necessary documents 1) FIR 2) Panchanama 3) Medical Certificate /Post-Mortem Report.		