

FORM COMP.AA

(see rules 253,253(C),(iii),254(80),255(I)(iv))

1	Name of the Police Station	Kalyan Taluka police station
2	CR.No./TAR/SDE NO.	CR.No. 32/2025, BNS 281, 125 Mv act 184
3	Date,time& Place of accident	date 12/01/2025 Time- 21.00 PM Place- Mharalgon, Rode Tal. Kalyan,Dist.Thane
4	Name of injured/ <u>Deceased</u> /DEAD	Kantabai Hiranman Shinde AT. Room No. 05, Padmavati Apartment, Mharalgon, Tal. Kalyan Dist.Thane (Accused – Injured)
5	Name of the Hospital to which He/She was removed	Fortij Hospital Kalyan
6	Number of Vehicle & type of vehicle	1) HERO Honda Glamour NO. MH 05 AV 7438
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 the Issuing Authority of the said Badge	driver- Pramod Kailas Mundhe Age.34 Yr,At. Suryanagar,Mahadevpark, CHal NO.4, Mharalgon,Tal.Kalyan Dist.Thane Driving licence – --MH0520110045907
8	Name & address of the Owner of the vehicle as it stands on the date of the accident	Baban Dhondu Palshetkar, Age.64, At. Sai Vinayk Mahal,Near Chetana Hai School, Tisgon Kalyan
9	Name & address of the Insurance company with whom the vehicle was insured & 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	CR.No. 32/2025 BNS 281,125 (A) (B), Mv act 184
		Inspector of Police
		Kalyan Taluka police Station
		Thane rural.
	N.B - This form should accompany with all the necessary documents(I) FIR (2) Panchanama (3) Medical certificate/postmortem report	