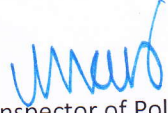


FORM COMP.AA
(see rules 253,253(C),(iii),254(80),255(I)(iv))

1	Name of the Police Station	Padgha police station
2	CR.No./TAR/SDE NO.	CR.No. 337/2025 BNS 106(1), 281,125 (A), 125(B), Mv act 184,187
3	Date,time& Place of accident	Date- 29/08/2025 Time- 08.30 pm, Place- Janwal gaon, Post-Lonad, Tal. Bhiwandi, Dist. Thane
4	Name of injured/ <u>Deceased</u>	1) Suraj Nathuram Pachange age-35 add- A002, Om Vinayak Darshan Society , Goweli Road, Titwala
5	Name of the Hospital to wick He/She was removed	Rukminibai Hospital Kalyan
6	Nunber of Vehicle & type of vehicle	One Bharat Stage IV- MH05 DK 1934
7	Name & address of the driver of the vehicle with perticulers 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	One Kanhaiya Ramjanam Yadav age- 25 Add- Charan Enterprises Office , Chikhholi, Ambarnath permanent add-Siswara kalak, Baliya uttar pradesh Licence no – UP-60-201900115932 RTO –
8	Name & address of the Owner of the vehicle as it Stands on the date of the accident	Dinesh Telange Kalyan Badlapur road, Near Hanuman Mandir Forest Naka Ambernath
9	Name &addres 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	Cahrgsheet Submitted- Cahrgsheet Number-219/2025 Dated-28/102025
		 Inspector of Police Padgha police Station Thane rural.
	N.B - Thise form should accompany with all the necessary documents(1) FIR (2) Panchanama (3) Medical certificate/postmortem report	