

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- 77/2024 IPC 279,337,338 with M.V.Act 184,187
3	Date, Time and Place of the accident	11/03/2024 on 10.00 At BEDISGAVE road Tal- SHAHAPUR Dist-Thane,
4	Name of injured/deceased	VIMAL KALURAM GAGE Ag 72 yers KHARDI At- Tal-shahapur Dist-Thane
5	Name of the hospital to which he/she was removed	GHOTI HOSPITAL NASHIK
6	Number of vehicles and type of the vehicle	Unknown vehicle
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.	Unknown vehicle
8	Name and address of the owner of the vehicle as it stands on the date of the accident.	Unknown vehicle
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company	Unknown vehicle
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance policy/insurance Certificate	Unknown vehicle
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.		



Dr
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किन्हावली पो. स्ट. (ठाणे ज़ा.)