

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	vasind
2	CR.NO/TAR NO/SDE NO	I 88 /2024
3	Date,Time and place of the accident	11/05/2024- 16.25 PMBHATSAI ROAD VAsind EAST TAL-SHAHAPUR DIST-THANE
4	Name of the Injured/Deceased	SUMAN DATTATREY DALAVI
5	Name of Hosital to which he/she was removed	SIDDHESHWAR HOSPITAL SHAHAPUR DIST-THANE
6	Number of vehicles and type of the vehicle	MH04- KD-9317 WAGANAR VAHICLE
7	Name and address of the Driver of the vehicle with particulers or Driving license of the said Driver and the address of the Issuing Authority of the said Driving Licence.The number of Badge in case of Public Service vehicle and the address of the Issuing Authority of the said Badge.	KISHOR HARICHANDRA PATIL FOUR WHEELAR
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	KISHOR HARICHANDRA PATIL FOUR WHEELAR
9	Name and address of the Insurance Company with whom the vehicle was insured and 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,ifany.And the result there of.	----
12	N.B- This form should accompany with all the necessary documents (1)F.I.R (2)panchanama (3) Medical Certificate/Post-Mortem Report.	YES

जावक क्रमांक: - 678/2025
 वाशिंद पोलीस ठाणे.
 दिनांक: 10/02/2025

भा.सविनय सादर
 पं. 678/200 वाशिंद पोलीस ठाणे