

## FORM COMP.A.A.

(See Rules 253(c), 234(5)(iii), 254(2) 255(1)(iv) )

## REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

Sr.			
1.	Name of the Police Station	:-	Talasari Police Station
2.	Cr/No.Tar/No. SEC No.	:-	77/2021 IPC 304(A),279,337,338,427 M.V. Act-184, etc
3.	Date Time and place of the accidents	:-	18/03/2021 at Time 01.00 Kochai Paraspada Road, Kochai Gao, Tel-Talasari, Dist-Palghar
4.	Name of the Injured/deceased	:-	Amit Vijay Kalat Age- 16 Year, At- Talsari Ibhadpada, Ta- Talsari, Dist- Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Surat
6.	Number of vehicle and types of the vehicle	:-	MH.48.AV.5489
7.	Name and address of the driver of the vehicle with particulars driving license of the said driver driver and the address of the issuing Authority of the said Driving License, the number of the Badge in case of Publice Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	Amit Vijay Kalat Age- 16 Year, At- Talsari Ibhadpada, Ta- Talsari, Dist- Palghar  <b>Driving License- No</b>
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Pravin Lakshi Kakad
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	No
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	<b>Insuranc Police No:- --No</b>  <b>Validity:- --No</b>
11.	Action taken if any and the result there of.	:-	Police Pending

**NB:-**This form Should accompany with all the necessary document viz (i) FIR, (2) Panchnama, (3) Medical Certificate/Postmortum Report.

**Date:-26.04.2021**

**INSPECTOR OF POLICE**  
**TALASARI POLICE STATION**