

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.	:-	58/2021 IPC 279,337,338,427 M.V. Act- 184 etc
3.	Date Time and place of the accidents	:-	08/04//2020 at Time 01.00 RTO ChekPost Dapchari, Mumbai Ahamadabad Highway, Tel-Dahanu, Dist-Palghar
4.	Name of the Injured/deceased	:-	Injured- Raman Shirad Gaikar Age- 24 Year, At-Dhanori kotabipada, Ta- Dahanu, Dist-Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Rural Hospital Talsari
6.	Number of vehicle and types of the vehicle	:-	Track DN.09.V.9730
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 Public Service Vehicle and the address of the issuing Authority of the saidBadge?	:-	Monu Rajendra shing Age- 23 Year, At- Dangar Dist- Bhivani state- Hariyana Driving License- Yes
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	Ravindra Kumar
9.	Name and address of the Insurance company with whom the Vehicle was msured and the Divisional office of the said Insurancecompany?	:-	-
10.	No. Of Insuranc Policy/Insurance Certificate and the date of the validity of the Insuranc Policy/Insurance Certificate.	:-	Insurance Police No:- Yes Validity:- - 06.09.2021
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:-05.05.2021

**INSPECTOR OF POLICE
TALASARI POLICE STATION**