

## FORME COMP.AA

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

### REPORT ABOUT THE VEHICLE ACCIDENT

1)	Name of police station	Kasa Dist palghar
2)	Cr/No To/No.SEC.NO	85/2021
3)	Date time and place of the accident	10/05/2021 at 16.45
4)	Name of the Injuerd/deceased	Deceased – 1.KISAN SAKHARAM BABAR AT. DHANIVARI BIDALPADA TAL – DAHANU, DIST-PALGHAR 1. DILIP JAYRAM BOLADA AT- RANSKET TAL DAHANU, DIST- PALGHAR
5)	Name of the Hospital to which he/she was removed	asa Goverment Hospital, Kasa
6)	Number of Vehicle and the types of the Vheicle	UNNON VAHICLE
7)	Name and address of the driver of the Vehicle with particulars of driving licens of th said driver driver and the address of the Resing Authority of the said Driving License the number of the Badge in case of Public Servic Vehicle and the address of the Badge Authority of the said Badge.	UNNON VAHICLE
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	UNNON VAHICLE
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	---
10)	No of inshurance policy / inshurance certificate and the date of the validity of the inshurance policy / inshurance certificate.	---
11)	Action taken if any and the result therfor	POLICE INVESTIGATION