

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	95/2021
3)	Date time and place of the accident	26/05/2021 AT 02.00
4)	Name of the Injuerd/deceased	Injuerd- 1. LOKESH MANGILAL SOLAKI 1. BHART JAIN 2. RAJESH PUKHARAJ RATHOD
5)	Name of the Hospital to which he/she was removed	Kasa Goverment Hospital, Kasa
6)	Number of Vehicle and the types of the Vheicle	1. UNNON VAHICLE 2. CONTENAR – NO . HR-47-B6562
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.	BOTHE ARE UNNON DRIVER
8)	Name and address of the owner of the vehicle as it stand on the date of the accident?	UNNON
9)	Name and address of the inshurance company with whom the vehicle was inshured and the divisional office of the said inshurance company?	UNNON VAHICLE
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