

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.	:-	129/2021 IPC-304(A),279,337,338 M.V. Act-184, 134(A)(B)187 etc
3.	Date Time and place of the accidents	:-	16/06/2021 at Time 20.30 to 21.45 PM Mumbai-Ahamadabad Highway, Mumbai Lenth Near Dayanad Hospital Road, Nilgari Hotel Vadavali Tel-Talasari, Dist-Palghar
4.	Name of the Injured/deceased	:-	Deceased- Unknown Woman Age 47 year Address Not Found.
5.	Name of the Hospital to whiche he/she was removed	:-	Rural Hospital Talasari
6.	Number of vehicle and types of the vehicle	:-	Unknown vehicle
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?	:-	-
8.	Name and address of the Owner of the Vehicle as it stand on the date of the accident?	:-	-
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.	:-	Insuranc Police No:- -- Validity:- --
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:- 26.06.2021


INSPECTOR OF POLICE
TALASARI POLICE STATION