

**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	:-	Dahanu
2.	Cr/No.Tar/No. SEC No.	:-	I 200/2021 IPC 279,337, 338MV Act.134,184,187
3.	Date Time and place of the accidents	:-	26/10/2021 time- 07.10 At - Dahanu Railwhy Brija, Tal-Dahanu Dist-Palghar.
4.	Name of the Injured/deceased	:-	Haredar Bachu Yadav, Age 42, Add. Bharmanpada, Tal- dahanu, Dist- Palghar
5.	Name of the Hospital to whiche he/she was removed	:-	Westcoast Diagnostic Centre & Nurdind Home
6.	Number of vehicle and types of the vehicle	:-	UN NON
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 said Badge?	:-	-
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.	:-	-
11.	Action taken if any and the result there of.	:-	Nil

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

**Date:-27/10/2021**

  
**INSPECTOR OF POLICE**  
**DAHANU POLICE STATION**