

FORM COMP AA

(see rules 253(e),234(5),(iii),254(2),255(I)(iv))

REPORT ABOUT THE MOTAR VEHICLE ACCIDENTS

1	NAME OF THE POLICE SATATION	:-	Dahanu police thane
2	CR NO/FIR /NO,SECTION NO	:-	Cr no-199/2021 ipc 279.337.mv Act 146-196
3	DATE ,TIME AND PLACE OF THE ACCIDENT	:-	Date-19/10/2021 time-07.30 Monday market way road k t nagar tel-dahanu-dist-paighar
4	NAME OF THE INJURED / DECEASED	:-	Dhananjay shidhnath mishra age-38 adress-Monday maket jabbarkhan shop tel-dahanu dist-palghar
5	NAME OF THE HOSPITAL TO WHICH HE/SHE WAS REMOVED	:-	Sewa nursing home dahanu
6	NUMBER OF THE VEHICLE AND THE TYPES OF THE VEHICLE	:-	Honda unicorn -MH-04 DX-1567
7	NAME OF THE ADDRESS OF THE DRIVER OF THE VEHICLE WITH PARTICUIARS OF DRIVING LICENESE OF THE DRIVER AND THE ADDRESS OF THE ISSUSE 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 SAID BADGE	:-	Varun balram sonkar at-axaya residenci patelpada tel dahanu dist-palghar
8	NAME OF THE ADDRESS OF THE OWNER OF THE VEHICLE OS IT STAND ON THE DATE OF	:-	Balram lakhan sonkar at-axaya residenci patelpada tel dahanu dist-palghar

	THE ACCIDENT		
9	NAME OF THE ADDRESS OF THE INSURANCE COMPANY WITH WHOM THE VEHICLES AND THE DIVISINAL OFFICE OF THE SAID INSURANCE COMPANY	:-	no
10	NO OF INSURANCE POLICY/INSURANCE CERTIFICATE AND THE DATE OF THE VILIDITY OF THE INSURANCE POLICY INSURANCE CERTIFICATE	:-	no
11	ACTION TAKEN IF ANY THE RESULT THERE OF	:-	--

DATE - 25/12/2021



[Signature]
Inspector of police
Dahqnu POLICE STATION

XB.THIS FORM SHOULD AS COMPANY WITH ALL THE NECESSARY DOCUMENT –

(1) F I R

(2) PANCHNAMA

(3) MEDICAL CERTIFICATE/POST MORTUM REPORT