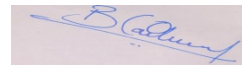


FORM COMP .AA

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

REPORT ABOUT THE VEHICALE ACCIDENT

1.	Name of police station	Kelva sagari police thane
2.	Cr/no to/no.sec.no	08/2022 ipc 304 (a) , 279, 337, 338, m.v.act 187
3.	Date, Time and place of the accident.	17/01/2022 at 11.30 usarni edvan tal.dist.palghar
4.	Name of the Injured/Deceased	Aniket jayvant bhavar 04 year At.usarni tal.dist.palghar
5.	Name of Hospital to which he/she was removed	Rural hospital palghar
6.	Number of vehicles and types of vehicles.	Motar CYCAL no. MH-48 AM-5117
7.	Name and address of the driver of the vehicles with particulars or Driving license of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge	SANDIP PRBHAKAR KINI AGE38.AT. USARNI TAL DIST.PALGHAR Driving License NO-MH4820210014709
8.	Name and address of the Owner of the vehicles as it stands on the date of the accident.	SANDIP PRBHAKAR KINI AGE38.AT. USARNI TAL DIST.PALGHAR
9.	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Comoanv	NIL
10.	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance policy/Insurance Certificate	NIL
11.	Action taken, If any, and the result thereof.	Court pending



ASS.POLICE INSPECTOR
KELVA COSTAL POLICE STATION