

FORM COMP AA
[See Rules 253 ©, 254 (e), (iii), 254(80 255(1)(iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	L.T.Marg police Station, Mumbai.
2.	CR.No./TAR No./SDE No.	:-	133/2017 u/s 279, 338 IPC
3.	Date, Time and Place of the accident.	:-	21/05/17, at.21.00, Hirvi Masjid, M.K.Road, Mumbai
4.	Name of the Injured/Deceased	:-	Shri. Ashok Vaman Panchlas age 57 year.
5.	Name of Hospital to which he/she was removed	:-	G.T.Hospital, Mumbai.
6.	Number of vehicles and type of the vehicle.	:-	Motor Scooter/Activa MH 43 AX 5434
7.	Name and of address of the Driver of the vehicle 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.	:-	Accused & Motor Cay not Tressed.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
9.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance policy/Insurance Certificate.	:-	--
11.	Accident taken, if any and the result thereof.		Case un detect "A" Classified As pur Ld Court Order.
			Inspector of police
			L.T.Marg police Station,Mumbai
	N.B.- This form should accompany with all the necessary document viz.(1) F.I.R. (2) Panchanama, (3) Medical Certificate/Post-Mortem Report.		