

FORM COMPAA

(See Rules 253 (C) 254 (C) (iii) 254 (8) 255 (1) (iv))

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	Marine Drive Police Station, MUMBAI
2	CR.No./TAR No./SDE No.	160/17, U/S 279,338 IPC WITH 134 [A][B] MV ACT
3	Date, Time and Place of the accident	DATE 14/08/2017 ,14.30 PM MEGHDUT BRIDGE, SOUTH BOND, N-S-ROAD, MARINE DRIVE , MUMBAI
4	Name of the Injured /Deceased	SHRUTI HARIGOPAL SHARMA, AGE 16
5	Name of the Hospital to which he/she was removed	G.T. HOSPITAL, MUMBAI
6	Number of vehicles and types of the vehicle	UNKNOWN VEHICLES
7	Name and 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 if the issuing authority of the said Badge.	
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 Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance company.	
10	Number if Insurance Policy/Insurance Certificate and the date of validity of the Insurance policy/ Insurance Certificate.	
11	Action taken, if any, and the result thereof.	
		Insepctor of Police
		Marine Drive Police Station.Mumbai.
	N.B.- This form should accompany with all the necessary document viz (1)FIR (2)Panchanama (3) Medical Certificate/Post Mortem Report.	