

FORM COMP AA
 { See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv) }
REQUEST ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Meghwadi Police Station, Mumbai
2	C.R.No./T.A.R. No./S.D.E.No.	C.R.No.213/2017, U/Sec. 279, 338 IPC r/w 134 (A) (B) MVA
3	Date, Time and place of the accident	16/08/2017 at about 13.40 hrs.
4	Name of the injured/deceased	Shri Basant Matadin Mishra, age 58 yrs
5	Name of the Hospital to which ne/she was removed.	Trauma Care Hospital, Jogeshwari (E), Mumbai
6	Number of vehicle and type of the vehicle	Unknown M/Car
7	Name and address of the driver of the vehicle with particulars of Driving Licence of the said driver and the address of the issuing authority of the said driving licence. The number of Badge in case of Public Service Vehicle and the issuing authority of the said Badge.	Nil
8	Name and address of the owner of the vehicle as it stands on the date of the accident.	Nil
9	Name and address of the owner of the vehicle was insured and the Divisional Officer of the said Insurance Company	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.	Above crime taken. Case pending in investigation.
		Inspector of Police, Meghwadi Police Station.
	N.B. – This form should accompany with all the necessary document viz. (1) F.I.R. (2)Panchnama, (3)Medical Certificate, Post Mortem Report.	