FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	devgad police thane
2.	CR. NO./TAR No./ SDE No.	:-	cr no 49/2026
3.	Date, Time and place of the accident.	:-	date-03/05/2026 at 15.15 pm talvade parabvadi tal-devgad
4.	Name of the Injured /Deceased	:-	Runji Haresh Parab age 4yrs
5.	Name of Hospital to which he /she was removed.	:-	Rural Hospital Devgad
6.	Number of vehicles and type of the vehicle.	:-	01) Bolero pickup no. MH-07-AJ-2737
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 of the Issuing Authority of the said Badge.	:-	HARESH MOHAN PARAB , age-45, at talvade parabvadi, tal-devgad
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Pandurang Pratap Kadam, at - gadhitamhane tal-devgad
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Cholamandalam MS General Insurance Company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	3379/04399690/000/00
11.	Action taken, if any, and the result thereof.	:-	chargesheet submit

पोलीस निरीक्षक
Devgad Police Station
पोलीस स्टेशन देवगड

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.