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	:-	Vaibhavwadi police station
2.	CR. NO./TAR No./ SDE No.	:-	CR No 35/2025 B.N.S SEC.281
3.	Date, Time and place of the accident.	:-	place-ganpati visarjan point DATE-26/03/2025 TIME -19.13
4.	Name of the Injured /Deceased	:-	NILL
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	ST BUS - MH 14LB 0916
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.	:-	SACHIN VILAS PATIL AGE-40 A/P ETAVDE TAL-VALVA DIST-SANGLI
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	MAHARASTRA STATE
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NILL
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NILL
1	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION