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	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.188/2024,IPC - 279,125(a) MVA-184
3	Date, Time and place of the accident.	:-	Date – 23/09/2024 Time – 14.00 Place- A/P AMBOLI KAMATWADI TAL.- SAWANTWADI, DIST - SHINDUDURG
4.	Name of the Injured /Deceased	:-	1. PRDIP PANDURANG PATIL.(Injured)
5.	Name of Hospital to which he /she was removed.	:-	PRIMARY HEALTH CENTRE AMBOLI
6.	Number of vehicles and type of the vehicle.	:-	MAHINDRA & MAHINDRA LIMITED BOLERO MAXI TRUCK BS IV REGN NO. MH-14-DM-9403
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.	:-	PRDIP PANDURANG PATIL A/P. PLOT NO 18 GHAR NO 17/18 KOULAVKAR NAGAR KANERIWADI, KARVIR ,KOLHAPUR -416234 License No.- MH09 20230015520 Issuing Authority- MH 09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. PAVAN BABASAHEB PATIL AT-AKURLE TAL SHAUWADI DIST KOLHAPUR
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	QUICKINSURE INSURANCE BROLERS PVT LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1.Policy no. 63020603420000 Period of Insurance- 06/09/2024 TO 05/09/2025
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station