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	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No.160/2024, IPC- ,279,337,338.M.V.ACT-184.
3.	Date. Time and place of the accident.	:-	Date-14/05/2024 TIME-20.08 Place- Lore No.01 ,Tal-kankavali
4.	Name of the Injured /Deceased	:-	Injured-1) ketan ashok gosavi . 2) shweta ketan gosavi A/P-Lore No 2,Tal-Vaibhavwadi.
5.	Name of Hospital to which he /she was removed.	:-	Navre Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	1) LMV - MH 11 CG 6767 2) Honda Shine - MH 12 LH 7334
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.	:-	1) ketan ashok gosavi.A/P-L34/336 MH Board yerwada pune,pune city 411006 the union of india maharashtra state motar driving license DL No.MH 12 20140007634 Issuing - MH 12,pune 2) Asharaf Asif Muzawar A/P-mhaswad ,Tal-man,Dist-satara the union of india maharashtra state motar driving license DL NO.-MH 11 20150009485 Issuing MH 11 Satara
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) dhanaji kisan mane A/P Dhar No .633 manewasti mhswad tal,man,/dist-satara (MH 11 CG 6767) 2) ketan ashok gosavi,A/P-L34/336 MH Board yerwada pune,pune city 411006. (Honda Shine - MH 12 LH 7334)

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9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) cholamandalam ms genral insurance company limited Chennai, Pune Branch (1).
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) 3362/02712863/000/00 Date From- 26/08/2023 To 25/08/2024
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

Inspector of Police,

kankavali Police Station.

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