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. 642025, BNS-125(a),125(b),281 M.V.ACT-184
3.	Date. Time and place of the accident.	:-	Date-09/03/2025 TIME-17.45 Place- Nandgav, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured- Umar Emam Navlekar.Age 72.A/P- Nandgav, Tal-Kankavali
n	Name of Hospital to which he /she was removed.	:-	Sub District Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Truck-MH 09 CA 0488 Jupiter Scooty- MH 07 AC 9552
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.	:-	Sitaram Anant Dangare, A/P-Asalde Tal-Kankavali (Truck-MH 09 CA 0488) License.-The union of india maharashtra driving license No.-MH07 20110002144 Issuing Authority- MH07
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Prakash Joshi, A/P-Humbarth, Tal-Kankavali (Truck-MH 09 CA 0488)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Commercial Vehicle Package Policy,Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No.-63021143710000 Date- 22/09/2024 To 21/09/2025
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.