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.136/2024, IPC-304(a),279.137,138,M.V.ACT-184
3.	Date, Time and place of the accident.	:-	Date-24/04/2024 TIME-18.30 Place- Karul ,Tal-kankavali
4.	Name of the Injured /Deceased	:-	Deceased -Bapu Krushna Jadhav,Age 60.. A/P- Karul ,Tal-kankavali
5.	Name of Hospital to which he /she was removed.	:-	Sub-District Hospital Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Bulero Pickup-MH 10 CR 7364
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.	:-	Rakesh Manik Shinde,Age 32, A/P-Khotwadi, Tal-Miraj,Dist-Sangali Licence No. The union of india maharashtra state driving licence NO- MH1020110035410 Issuing Authority-MH10
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rakesh Manik Shinde,Age 32, A/P-Khotwadi, Tal-Miraj,Dist-Sangali
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New India Insurance Company Limited Miraj Divisional Office - The New India Insurance Company Limited Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No.-151000312301000076444Date 03/11/2023 To 02/11/2024
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

y/Insurance Certificate

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.