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 66/2024 BNS 125,(a)125(b)]281,MV ACT 184
3.	Date, Time and place of the accident.	:-	DATE 11/09/2024 TIME –9.30 PLACE – STHE PETROLPUMP TAL-VAIBHAVWADI
4.	Name of the Injured /Deceased	:-	1)YASH ANNAT GURAV 2)SANTOSH DATTARAM GURAV
5.	Name of Hospital to which he /she was removed.	:-	--
6.	Number of vehicles and type of the vehicle.	:-	1 TWO WHELLER MH 07AL 2629 2)MH-02-EY-5035
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)YASH ANNAT GURAV 2)SANTOSH DATTARAM GURAV
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	A/P SHERPE TAL-KANKAVLI DIS- SIN
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NO
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI 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.