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 47/2025 IPC 277,337 M.V ACT 184
3.	Date, Time and place of the accident.	:-	DATE 12/06/2024 TIME – 09.00 PLACE- BHUIBHAVWADA RENGEWADI
4.	Name of the Injured /Deceased	:-	Injured-AJIJA YUNUS MANCHEKAR AGE-65 A/P KATLI TAL-RAJAPUR DIST-SINDHUDURG
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	ST BUS NO-MH-20BL-2981 TEMPO NO.MH09FX-0032
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)BUS DRIVER – NASIR AHAMAD PATHAN A/P RAMESHWAR tal-devgad D.L.NO MH23 20120007009 2) TRUK DRIVER – SANJAY DAGDU KAMBLE AGE 52 A/P KALJAVDE TAL-PANHALA DIST-KOLHAPUR D.L.NO- MH09 20080038978
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)BUS DRIVER - ST MAHAMANDAL STATE-MAHARASTRA 2) TRUK DRIVER- SANJAY DAGDU KAMBLE AGE 52 A/P KALJAVDE TAL-PANHALA 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.	:-	HDFC ERGO A/P- SHAHUPURI ,CENTRAL KOLHAPUR
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)TEMPO Insurance Policy NO- 2315205829969200000 DATE 02/11/2023 TO 01/11/24
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)

Police, Inspector

VAIBAHVWADI POLICE STATION