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 84/2025 B.N.S SEC. 281,
3.	Date, Time and place of the accident.	:-	DATE 10/10/2025 TIME - 18.00 PLACE- KARUL CHEAK POST
4.	Name of the Injured /Deceased	:-	NO
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	MOTOR CYCLE MH 10-DU-2680
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.	:-	RAJKUMAR RAMCHANDRA GUPTA A/PMIRAJ SANGNLI
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	RAJKUMAR RAMCHANDRA GUPTA A/PMIRAJ SANGNLI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	UNKNOWN
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	UNKNOWN
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION