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. 77/2025, BNS-106(1),125(a),125(b),281 M.V.ACT-183
3.	Date, Time and place of the accident.	:-	Date-22/03/2025 TIME-11.37 Place- Kasarde, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Deceased- Suryaprakash Vinodkumar Pande,Age 24, A/P-Turbhe Navi Mumbai
n	Name of Hospital to which he /she was removed.	:-	First Health Centre,Kasarde,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Tvs 2 Wheeler-MH 43 CJ 1286
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.	:-	Suryaprakash Vinodkumar Pande,Age 24, A/P-Turbhe Navi Mumbai (Tvs 2 Wheeler-MH 43 CJ 1286) License.-The union of india maharashtra driving license No.-MH4320220012552 Issuing Authority- MH43
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Vinodkumar Vasudev Pande,Age 45, A/P-Turbhe Navi Mumbai (Tvs 2 Wheeler-MH 43 CJ 1286)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Sriram General Insurance Company Ltd. Rajsthan
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No-215064/31/25/002000 DATE-19/05/2024 To 28/05/2024
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.