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 19/2024 IPC 279,337,338
3.	Date, Time and place of the accident.	:-	DATE 17/03/2024 TIME - 20.30 PLACE - KHAMBALE TAL-VAIBHAVWADI
4.	Name of the Injured /Deceased	:-	Injured -1)SAMIR YASHWANT RAORANE AGE -35 A/P AACHIRNE TAL- VAIBHAVWADI
5.	Name of Hospital to which he /she was removed.	:-	LOKAL PERSON
6.	Number of vehicles and type of the vehicle.	:-	1)TWO WHEELER –MH07AP 5320 2)TWO WHEELER –MH07AE2847
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)TWO WHEELER –MH07AP 5320- SAMIR YASHWANT RAORANE AGE -35 A/P AACHIRNE TAL-VAIBHAVWADI D.L.NO-MH05 20110006569 2)VIJAY CHANDRAKANT RAORANE AGE 40 A/P AACHIRNE TAL-VAIBHAVWADI D.L.NO-MH0120000042321
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)TWO WHEELER –MH07AP 5320- SAMIR YASHWANT RAORANE AGE -35 A/P AACHIRNE TAL-VAIBHAVWADI 2) CHANDRAKANT RAJARAM RAORANE AGE 40 A/P AACHIRNE TAL-VAIBHAVWADI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) NO insurance 2)THE NEW INDIA INSURANCE A/P AASHIRWAD BHAWAN KUDAL
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) NO insurance 2) THE NEW INDIA INSURANCE POLICY NO-170601312202000005552 DATE 28/05/2022 TO 27/05/2023
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)

Police, Inspector

VAIBAHVWADI POLICE STATION