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 26/2024 IPC 304(A),279,337,338 M ACT.184,134/177
3.	Date, Time and place of the accident.	:-	PLACE-SUKH REVER BRIGE DATE 02/04/2024 TIME-20.00
4.	Name of the Injured /Deceased	:-	Deceased – RAJENDRA ATMARAM RAORA AGE 70 A/P TAL-ADGAON TAL- VAIBHAWADI
5.	Name of Hospital to which he /she was removed.	:-	RAHUL BHAGWAN TALASKAR PC /1247 VAIBAHVWADI PS
6.	Number of vehicles and type of the vehicle.	:-	TRUK NUM.MH07X0273 TWO WHELER MH.11BB4627
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.	:-	TRUK Driver – AANNAD DEVIDAS AADE AGE-35 A/P KASARDE TAL-KANKAVLI DIS SINDHUDURG NO. Driving License
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	VIJAY BABU RATHOD A/P PHONDAGAHT TAL-KANKAVLI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	SHRIRAM GENRAL INSURANCE LTD A/P SITAOURA ,JAYPUR RAJSTAN
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NO.10003/31/24/056799 DATE 08/5/2023 TO 07/05/2024
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)

Police, Inspector

VAIBAHVWADI POLICE STATION

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical