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 52/2025 B.N.S SEC. 281,324(3)
3.	Date, Time and place of the accident.	:-	DATE 20/05/2025 15.45 NADHAVDE SARDARWADI
4.	Name of the Injured /Deceased	:-	NILL
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	ST BUS NUM. MH-20 BL 3380 TRUK NUM MH-13 DQ9627
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 - PRASHANT PUNDLIK SAWANT AGE 50 A/P HARKUL TAL-KANKAVLI –DIST SINDHUDURG D L NO MH0719920001098 2) TRUK DRIVER – SACHIN LAXMAN KHOT A/P AASTA tal-valva dist-sangli D L NO MH10 20120024332
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)BUS Owner - ST MAHAMANDAL STATE-MAHARASTRA 2) TRUK Owner --POONAM WINAYK WALKE A/P SHIVAGINAGER PUNE
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	2)UNITED INDIA INSURANCE COMPANY,LTD JANTA SHOPING CENTER NAVI PETH,SOLAPUR
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NUM.1612003125P100518142 DATE 08/04/2025TO 07/04/2026
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI 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.