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	:-	Devgad Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO.156 /2025
3.	Date, Time and place of the accident.	:-	DATE 30/09/2025 AT 08.30 AM Tembvali tithe, TAL-DEVGAD
4.	Name of the Injured /Deceased	:-	nill
5.	Name of Hospital to which he /she was removed.	:-	----
6.	Number of vehicles and type of the vehicle.	:-	1) ST BUS - MH-13-CU-7903 2) Travels - MH-46-BY-3131
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) Pravin Rajaram Ghate R/O jamsande, tal-Devgad Driving License-MH07-20100005049 Badge no- 41852 2) Dhiren Avinash Rane R/O Hadpid tal devgad Driving License- MH07-20050002371
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) ST Agar Devgad 2) Sanjay Mahadev Mudras R/O Mumbai,
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)----- 2) IFFCO-TOKIO GENERAL Insurance Company Limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)--- 2) IRDN106P0005V01200607
11.	Action taken, if any, and the result thereof.	:-	Chargshit Submited

पोलीस निरीक्षक देवगड पोलीस स्टेशन

Inspector of Police
पोलीस निरीक्षक
Devgad Police Station.
पोलीस स्टेशन देवगड

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