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 36/2025 B.N.S SEC.106(1),125(A),125(B) ,281,324(4)
3.	Date, Time and place of the accident.	:-	DATE 26/03/2025 TIME- 17.300 PLACE -EDGAV GHADIWADI
4.	Name of the Injured /Deceased	:-	Deceased –GANPAT KASHIRAM DHAVDE A/P KARUL tal-vaibhavwadi
5.	Name of Hospital to which he /she was removed.	:-	Santosh ramkrishna malkar age 49 a/p A/P KARUL tal-vaibhavwadi
6.	Number of vehicles and type of the vehicle.	:-	RISKHA NO . MH07S6938 TRUK NUM. MH 09BC3093
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)RIKSHA DRIVER - GANPAT KASHIRAM DHAVDE A/P KARUL tal-vaibhavwadi D.L.NO –MH0719940000605 2) TRUK DRIVER –VINAYK JAYSING JHENDE A/P YADAV NAGER RAJARAMPURI KOLHAPUR D.L.NO –MH0920090035088
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)RIKSHA Owner - GANPAT KASHIRAM DHAVDE A/P KARUL tal-vaibhavwadi 2) TRUK Owner –AMAR SHASHIKANT VHADGE age-36 A/P YADAV NAGER RAJARAMPURI KOLHAPUR
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	RIKSHA -1)SBI GENERAL INSURANCE A/P-NAGPUR TRUK -2)ROYAL SUNDARAM INSURANCE A/P AJANTA CHAUK SATARA
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Policy NUMBER- POCMVPC0100181788 DATE-02/02/2025 TO 01/02/2026 1) Policy NUMBER- VGT0376906000100 DATE-26/01/2024 TO 25/01/2025
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION