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	:-	kankavali
2.	CR. NO./TAR No./ SIDE No.	:-	CR No. 178/2024, IPC- 279,337,338,M.V.ACT-184
3.	Date. Time and place of the accident.	:-	Date-03/06/2024 TIME-11.30 Place- Fonda,Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured -HC/16 padalkar HC/669 nivatkar WPC/1253 mulik(Driver)
5.	Name of Hospital to which he /she was removed.	:-	Sub District Hospital Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Gov Car-MH 07 G 2242 Luxuary Bus- MH 04 KU 0716
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) Trupti Sanjay Mulik,Age32, SID Branch (Gov Car-MH 07 G 2242) 2) Prem Ramkishor Singh,Age 36,A/P- Dholpur,Tal-Dhaulpur,Dist-Rajsthan License.-The union of india driving license No.-RJ1120130000288 Issuing Authority- RJ
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	No
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	IFFCO-TOKIO GENERAL INSURANCE CO.LTD Thane
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. Date-06/07/2023 To 05/07/2024
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

Inspector Of Police,

Kankavali 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.