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 NO05/2025 B.N.S SEC.106(1)
3.	Date, Time and place of the accident.	:-	VAIBHAVWLAXMI PETROL PUMP DATE 16/01/2025 07.15
4.	Name of the Injured /Deceased	:-	Deceased -LAXMAN YASHWANT GURAV A/P KOKISARE 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.	:-	UNKNOWN vehicle.
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.	:-	UNKNOWN Driver
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	UNKNOWN
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NILL
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NILL
11.	Action taken, if any, and the result thereof.	:-	THE A-FINAL TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION