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	:-	[illegible]
2.	CR. NO./TAR No./ SDE No.	:-	CR No 20/2026 B.N.S SEC 106(1),281, 324(4) MVACT 184
3.	Date, Time and place of the accident.	:-	Place-KARUL GHAT DATE-02/4/2026 TIME -14.46
4.	Name of the Injured /Deceased.	:-	Deceased 1)RAJU PREMSING RAJPUT AGE-59 2)RAHUL RAJU RAJPUT AGE-59 A/P KOLAGI TAL-VIJAPUR STATE-KARNATAKA
5.	Name of Hospital to which he /she was removed	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	TRUK KA 28AA 5545
7.	Name and address of the Driver of the vehicle with particulars of 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)RAHUL RAJU RAJPUT AGE-59 A/P KOLAGI TAL-VIJAPUR STATE-KARNATAKA
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)RAHUL RAJU RAJPUT AGE-59 A/P KOLAGI TAL-VIJAPUR STATE-KARNATAKA
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 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) Punchanama (3) Medical Certificate/Post Mortem Report.