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	:-	NIVTI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	03/2025
3.	Date, Time and place of the accident.	:-	22/02/2025 TIME 15.58
4.	Name of the Injured /Deceased	:-	SREERAM MANOHAR CHAWAN
5.	Name of Hospital to which he /she was removed.	:-	PRATHMIK AAROGYA KENDRA WALAVAL
6.	Number of vehicles and type of the vehicle.	:-	01- ST BUS NO- MH 20 BL 2139
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.	:-	DRIVER-VIJAY NARAYAN MHADGUT ADD-AMBERI MADHLI WADI MANGAON TAL-KUDAL LICENCE NO-MH07 20060003208 BADGE NO-THANE 41273 CONDUCTOR-SREERAM MANOHAR CHAWAN BADGE NO-PANVEL 175450 CONDUCTOR
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	ST.VIBHAG SECRETARY M.S.R.T.C CORPORATION
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	UNDER SECTION 94 (3) OF THE MOTOR VEHICLES ACT 1939 (SECTION 146 (3) OF M.V ACT 1988) BY THE GOVT .OF MAHARASHTRA BY THEIR ORDER NO.5369/5/II/IX DATE 18.07.1963
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	FORM -53 (SEE RULE 148 (1) OF C.M.V RULE 1989) 31/03/2025
11.	Action taken, if any, and the result thereof.	:-	

Inspector of Police,

.....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.