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 21/2025 B.N.S SEC.106(1),125(A),125(B) ,281,324(4)
3.	Date, Time and place of the accident.	:-	DATE 23/02/2025 PLACE-07.30 TIRVDE TO KHAREPATAN ROAD
4.	Name of the Injured /Deceased	:-	Deceased – KRUSHNA MANOHAR THOMBRE AGE 25 KHULTABAD DIST-SAMBHJINAGER
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.	:-	TWO wheeler MH 09 EM 4601 PIKUP NUM.MH09GR-9905
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)KRUSHNA MANOHAR THOMBRE AGE 25 KHULTABAD DIST-SAMBHJINAGER D L NO-MH2020220019555 2)KADAR UPAR PATANKAR A/P KATLI TAL-GAGANBAVDA DIST-KOLHAPUR D L NO-MH09 20119627267
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	1)AARTI AMAR CHAUGULE AGE 21 A/P BIDRI TAL-KAGAL DIST-KOLHAPUR 2)KADAR UPAR PATANKAR A/P KATLI TAL-GAGANBAVDA DIST-KOLHAPUR D L NO-MH09 20119627267
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	HGFC GENERAL INSURANCE COMPANY LTD A/P KOLHAPUR
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NUM.2315205788461100000 DATE 19/10/2023TO 18/10/2024
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION