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 27/2026 B.N.S SEC. 281
3.	Date, Time and place of the accident	:-	place-KARUL BHATTIWADI GHAT DATE-26/4/2026 TIME -20.20
4.	Name of the Injured /Deceased	:-	NAGESH BALKRUSHNA DEVSTHALI A/P VAGHIVRE. TAL-DEVGAD
5.	Name of Hospital to which he /she was removed	:-	NILL
6.	Number of vehicles and type of the vehicle	:-	TRUK- MH 10 Z 2793
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.	:-	NAGESH BALKRUSHNA DEVSTHALI A/P VAGHIVRE. TAL-DEVGAD
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	NAGESH BALKRUSHNA DEVSTHALI A/P VAGHIVRE. TAL-DEVGAD
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) Panchanama (3) Medical Certificate Post Mortem Report.