FORM COMP AA

[See Rules 253 ©, 254 (e) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 167/2024, IPC-279,337,338,M.V.ACT-184,3/181.146 196
3.	Date. Time and place of the accident.	:-	Date-21/05/2024 TIME-16.30 Place- Harkul budruk,Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured -1) Nasir Esak Naik,A/P- Harkul budruk,Tal-kankavali 2) Said ali shekh, A/P- Harkul budruk. Tal-kankavali 3) Mohsin Nurmahmad Shekh, A/P- Harkul budruk,Tal-kankavali
5.	Name of Hospital to which he /she was removed.	:-	Nagvekar Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Splender 2 Wheeler- MH 07 J 4811 Santro Car -MH 07 Q 7281
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.	:-	Said ali shekh, A/P- Harkul budruk,Tal-kankavali (Splender 2 Wheeler- MH 07 J 4811) 2)Ajay Ramchandra Malvankar, Age 28. A/P- Asalde,Tal-Kankavali (Santro Car -MH 07 Q 7281)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Said ali shekh, A/P- Harkul budruk,Tal-kankavali (Splender 2 Wheeler- MH 07 J 4811) 2)Ajay Ramchandra Malvankar, Age 28. A/P- Asalde,Tal-Kankavali (Santro Car -MH 07 Q 7281)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No
10.	Number of Insurance Policy /Insurance Certificate		No

	and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	
11.	Action taken. if any. and the result thereof.	:-	The charge sheet sent to court

Inspector of Police.

kankavali 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.