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	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 330/2024, BNS-106(1),281,125(a),125(B)(,M.V.ACT-184
3.	Date, Time and place of the accident.	:-	Date-15/11/2024 TIME-10.15 Place- Kankavali ST Stand,Tal-kankavali
4.	Name of the Injured /Deceased	:-	Deceased - Fatima Riyaz Bothare,Age 36. A/P-Umbarde Mehbubnagar,Tal-Kankavali
5.	Name of Hospital to which he /she was removed.	:-	Sub District Hospital Kankavali. Tal-Kankavali
6.	Number of vehicles and type of the vehicle.	:-	St Bus No.-MH 14 BT 2059 St Bus No.-MH 06 S 8553
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.	:-	Sachin Keshav Sapale,Age 36, A/P-Kankavali Bus Depo. (st Bus No.-MH 14 BT 2059) Satyavijay Jayvant Jadhav,Age 38. Kankavali Bus Depo (St Bus No.-MH 06 S 8553)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	No
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 and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	No
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.