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 50/2024 IPC 279 MV ACT 184
3.	Date, Time and place of the accident.	:-	DATE 05/07/2024 TIME –06.30 PLACE – BHUIBHAWADA GHAT TAL-VAIBHAVWADI
4.	Name of the Injured /Deceased	:-	NILL
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	TRUK NO MH12-LT 9159
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)MAHANTESH BHIMSHA JAMADAR AGE-32A/P TARALE TAL-KANKAWLI D L NO KA28 20071000752
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	GAJANAN H RATHOD TARALE TAL-KANKAWLI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	TATA AIG A/P MUMBAI PAREL
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	POLICY NO-63012848160000 DATE 26/01/2024 TO 25/01/2025
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)
Police, Inspector
VAIBAHVWADI 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.