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 71/2024 BNS 281,MV ACT 184
3.	Date, Time and place of the accident.	:-	DATE 19/09/2024 TIME –21.29 PLACE –NAPNE BANDHWADI TAL-VAIBHAVWADI
4.	Name of the Injured /Deceased	:-	NO Injured
5.	Name of Hospital to which he /she was removed.	:-	--
6.	Number of vehicles and type of the vehicle.	:-	1)TRAVALS NO-MH04-JK 9293 2) TRUK NO-MH-11-BL-7090
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)TRAVALS Driver-VILAS PRAHAD JADHAV AGE-52 A/P KOLTI TAL-FALTAN DIST –SATARA D.L.NO-MH1319940000249 2) TRUK Driver-MAHENDRA SURESH JADHAV A/P TALARE TAL-KANKAVLI D.L.NO-MH07 20210006223
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	TRAVALS Owner –SUNIL ASHOK GHANWAT TAL-FALTAN DIST –SATARA
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	THE NEW INDIA INSURANCE L.T.D A/P PATANKAR COMPLAX KOLHAPUR
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)POLICY NO-151705312301000000757 DATE -16/11/23 TO 15/11/2024
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)

Police, Inspector

VAIBAHVWADI POLICE STATION