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. 124/2024, IPC-279,304(a)337,338,M.V.ACT-184.131
3.	Date. Time and place of the accident.	:-	Date-14/04/2024 TIME-20.34 Place- Janvali, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Deceased -Sharad Ramchandra Jadhav.Age-47, A/P- Janvali,Tal-Kankavali Injured- Mangal Ramchandra Jadhav.Age-70,A/P- Janvali,Tal-Kankavali
5.	Name of Hospital to which he /she was removed.	:-	Nagvekar Hospital Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Duster Car- MH 03 BS 4480
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.	:-	Vedant Jayvant Shelar,Age-25. A/P-Pargav,Dist-Kolhapur License.-The union of india driving license No.-MH 0920170027146 Issuing Authority- MH09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Pravin Hari Pawar,A/P- Mangalwarpeth Kolhapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Motor Private Car Package Policy Schedule Cum Certificate of Insurance,Kolhapur
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy no-336202852724 Date-23/01/2024 To 22/01/2025
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.