FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (I) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.237/2024,IPC - 281 MVA-184
3	Date, Time and place of the accident.	:-	Date – 14/11/2024 Time – 21.00 Place- A/P AMBOLI, HIRANYKESHI PULL TAL-SAWANTWADI, DIST - SHINDUDURG
4.	Name of the Injured /Deceased	:-	--
5.	Name of Hospital to which he /she was removed.	:-	--
6.	Number of vehicles and type of the vehicle.	:-	1. TATA PASSENGER BUS REGN NO. MH-14-KQ-1733 2.HYUNDAI MOTOR INDIA LTD CREATA 1.5 CRDI MTE REGN NO. MH-09-GM-7986
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. GOURAV CHANDRAKANT VENGURLEKAR, A/P- NEAR MARUTI STOP VENFURLA TAL VENFURLA DIST SHINDHUDURG License No.- MH07 20090002560 Issuing Authority- MH 07 2. JAYRAMDAS SOBHRAJMAL MOTWANI, A/P- 164/7, GANDHINGAR TAL -KARVEER DIST -KOLHAPUR -416119 License No.- MH09 20020120245 Issuing Authority- MH 09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. S.T.C.W.D. PUNE-12 2. JAYRAMDAS SOBHRAJMAL MOTWANI, A/P- BAREK NO.164/7, GANDHINGAR TAL - KARVEER DIST -KOLHAPUR -416119
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	--
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1.Policy no. -- Period of Insurance- --
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station