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 49/2025 B.N.S SEC.279,337,338
3.	Date, Time and place of the accident.	:-	DATE 20/06/2025 TIME- 18.00 PLACE – Nadhavde
4.	Name of the Injured /Deceased	:-	Injured-laxmi laxman hivalkar age-40 a/p nadhavde navladeviwadi tal-vaibhavwadi
5.	Name of Hospital to which he /she was removed.	:-	self
6.	Number of vehicles and type of the vehicle.	:-	SUMO- MH 15DS1550
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) DRIVER – PRATHMESH KADAM A/P NIMARULE tal-vaibhavwadi D.L.NO – MH07 20150010087
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	PRATHMESH KADAM A/P NIMARULE tal-vaibhavwadi
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO Insurance
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NO Insurance
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.