# FORM COMP AA

[See Rules 253 ©, 254 (c ) (iii) , 254 (80 255 (1) (iv) ]

**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

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| 1. | Name of the Police Station | :- | Vaibhavwadi police station |
| 2. | CR. NO./TAR No./ SDE No. | :- | CR NO 10/2025 B.N.S SEC.106(1),125(A),125(B) ,281 |
| 3. | Date, Time and place of the accident. | :- | NERLE TAL-VAIBHAVWADI DATE 23/02/2025 07.30 |
| 4. | Name of the Injured /Deceased | :- | Deceased – SANJAY MAHADEV SURVE AGE 42 A/P MUR TAL-RAJAPUR DIST-RATNAGIRI |
| 5. | Name of Hospital to which he /she was removed. | :- | RAVINDRA VASANT SURVE AGE 46 A/P MUR TAL-RAJAPUR DIST-RATNAGIRI |
| 6. | Number of vehicles and type of the vehicle. | :- | TWO wheeler MH 07 AF.1497 MH01 AQ 9629 |
| 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. | :- | MANOJ MANOHAR SURVE AGE 25 A/P NERLE TAL-VAIBHAVWADI |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | MANOJ MANOHAR SURVE AGE 25 A/ NERLE 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 COUR |

(M.P.SONWALKKAR)

Police, Inspector

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