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	:-	Devgad Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO. 76/2025
3.	Date, Time and place of the accident.	:-	DATE 07/06/2025 AT 19.45 PM Taramumbari brij dambari road TAL-DEVGAD
4.	Name of the Injured /Deceased	:-	nill
5.	Name of Hospital to which he /she was removed.	:-	Rural hospital devgad
6.	Number of vehicles and type of the vehicle.	:-	1) Toyoto Fortuner - MH-16-AT-8600 2) TATA MH-07-AS-3252
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) Amol manjabapu Shelke R/O Vade gvhane, tal devgad 2) Guruprasad Manohar mahendrakar R/O Shirgav Dhoptevadi
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Amol manjabapu Shelke R/O Vada gavhane, tal devgad 2) Guruprasad Manohar mahendrakar R/O Shirgav Dhoptevadi
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	nill
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	----
11.	Action taken, if any, and the result thereof.	:-	Chargshit Submited

पोलीस निरीक्षक
Devgad 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.