# 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 | Vijaydurg |
| 2. | CR. NO./TAR No./ SDE No. | 34/2024 BNS 281,125(A), MV ACT 184 |
| 3. | Date, Time and place of the accident, | DATE 08/10/2024 TIME 15.30<br>PLACE – ANPUR TITHA TAL DEVGAD |
| 4. | Name of the Injured /Deceased | 01.OMKAR VIJAY RANE ,AGE-25 A P VARVADE TAMBALWADI TAL.KANKVALI |
| 5. | Name of Hospital to which he /she was removed. | PHC PADEL |
| 6. | Number of vehicles and type of the vehicle. | ASHOK LAYLAND BUS MH20 BI.2980<br>MAHINDRA BOLERO MH43AD2692 |
| 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. | 01 KETAN VIJAY GHARKAR A/P VIJAYDURG<br>02. KRUSHNA ANAT MADHAV A/P JAMBHAVDE KUDAL. |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | GHANSHYAM VASUDEV DEVDHAR A/P KATE RAMESHWAR<br>ELIHAS HUSENMIYA MUKADAM A/P ANPUR |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | 01.BAJAJ ALIANZ GENERAL INSURANCE |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | 01.POLICY NUMBER 12-1807-0004941684-00 |
| 11. | Action taken, if any, and the result thereof. | THE CHARGESHEET SEND TO COURT |

Inspector of Police,

Vijaydurg Police Station.