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	Vijaydurg
2.	CR. NO./TAR No./ SDE No.	30/2024 BNS 281,125(A),125(B),323(4)
3.	Date. Time and place of the accident.	DATE 09/09/2024 TIME 07.30 PLACE - Aamberi cheakpost AAMBERI TAL DEVGAD
4.	Name of the Injured /Deceased	01. ASLAM ALLI SAYAD,AGE-52Y,A P.GIRYE 02. RASHID SHABUDHI SAYAD AGE 52 Y. A P.GIRYE 03. RAVINDRANATH JAYRAM DEVLEKAR AGE 60 Y. A/P TIRLOT
5.	Name of Hospital to which he /she was removed.	SARITA HOSPITAL DEVGAD JAMSANDY
6.	Number of vehicles and type of the vehicle.	TATA NANO MH43AB9116 AUTO RICKSHOW MH07AH2342
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.ROHAN RAMAKANT DALVI ,AGE-32 Y,A/P TIRLOT DL NO.MH03 20160007033, Issuing Authority MH 03 02. ASLAM ALLI SAYAD,AGE-52Y,A/P,GIRYE DL.,NOMH07201 10067347 , Issuing Authority MH 07
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	NAYAN PANDHARINATH PADELKAR AGE 24Y, A/P AAMBERI. KISHOR BALKRUSHAN MAYEKAR ,AGE-56Y, A/P AAMBERI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	01.ACKO Insurance Company 02.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	01. POLICY NUMBER DCTR10245728004/01 02.
11.	Action taken, if any, and the result thereof.	THE CHARGESHEET SEND TO COURT

Inspector of Police.

Vijaydurg Police Station.