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	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 83/2024, IPC-279,337,338,M.V.ACT-184
3.	Date, Time and place of the accident.	:-	Date-05/03/2024 TIME-03.30 Place- Janvali Krushannagari, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured -1)Latif Kasam Shaikh,Age-50. A/P- Pimpalgav,Pathardi,Dist-Ahamadnagar 2)Akshay Dhyandev Kelgandre, Age-29. A/P- Pimpalgav,Pathardi,Dist-Ahamadnagar
5.	Name of Hospital to which he /she was removed.	:-	Nagvekar Hospital, Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Bulero Car- MH 16 AT 2981
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.	:-	Akshay Dhyandev Kelgandre, Age-29. A/P-Pimpalgav,Pathardi,Dist-Ahamadnagar (Bulero Car- MH 16 AT 29812) License.-The union of india driving license No.-MH 1620170003297 Issuing Authority- MH1620179C
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Akshay Dhyandev Kelgandre, Age-29. A/P-Pimpalgav,Pathardi,Dist-Ahamadnagar
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	United India Insurance Co-Ltd.Ahamadnagar
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No.1625003123P105343318 Date-14/08/2023 To 13/08/2024
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

Inspector of Police.

kankavali 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.