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. 134/2025, BNS-125(a), 281 M.V.ACT-184
3.	Date. Time and place of the accident.	:-	Date-18/05/2025 TIME-18.15 Place- Fonda Ghat, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Injured-Arvind Bandu Aatram,Age 38,A/P-Sangola,Dist-Solapur
n	Name of Hospital to which he /she was removed.	:-	No
6.	Number of vehicles and type of the vehicle.	:-	Bus -MH 12 PT 3372 Truck -TN 88 B 0705
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.	:-	Arvind Bandu Aatram,Age 38,A/P-Sangola,Dist-Solapur (Bus -MH 12 PT 3372) License.-The union of india maharashtra driving license No.-MH 3420100001666 Issuing Authority- MH34 P Rajkumar,Age 45, A/P - Chiruchillapalli,State-Tamilnadu (Truck -TN 88 B 0705) License.- The union of india Of Tamilnadu license No-TN2820050002418 Issuing Authority- TN48Y
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	No
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	No