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.181/2024, IPC-304(a),279,337,338,M.V.ACT-184,3/181,146/196
3.	Date, Time and place of the accident.	:-	Date-04/06/2024 TIME-06.30 Place- Nardve Road,Tal-kankavali
4.	Name of the Injured /Deceased	:-	Deceased-Amol Ashok More,Age 30.A/P-Kasalkarwadi,Tal-Kankavali Injured-Swarup Ashok More,Age 30, A/P-Kasalkarwadi,Tal-Kankavali
5.	Name of Hospital to which he /she was removed.	:-	Sub-District Hospital Kankavali
6.	Number of vehicles and type of the vehicle.	:-	2 Wheeler-MH 08 T 8368
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.	:-	Amol Ashok More,Age 30,A/P-Kasalkarwadi,Tal-Kankavali
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Amol Ashok More,Age 30,A/P-Kasalkarwadi,Tal-Kankavali
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
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.