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	:-	Vaibhavwadi police station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO 02/2024, IPC. SEC 279,337, MV ACT-184
3.	Date, Time and place of the accident.	:-	DATE 26/12/2023 TIME-12.15TO 12.30 BHUIBHVWDA GHAT
4.	Name of the Injured /Deceased	:-	Injured-RAJAN SHANKAR SHINDE AGE-55 AGE 55 A/P KASBEKAR PARK KOLHAPUR
5.	Name of Hospital to which he /she was removed.	:-	SELF
6.	Number of vehicles and type of the vehicle.	:-	TWO WHILER NO-MH09FS 4057 ERTIKA NO MH 47-Q6298
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.	:-	1) TWO WHILER DRIVER –RAJAN SHANKARRAO SHINDE AGE 55 A/P KASBEKAR PARK KOLHAPUR D.L.NO MH0920110003576 2) ERTIKA DRIVER-VITTHAL SAKHARAM SHETE A/P GHATKOPER MUMBAI D.L.NO-MH03 20090097835
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) TWO WHILER Owner –RAJAN SHANKARRAO SHINDE AGE 55 A/P KASBEKAR PARK KOLHAPUR 2) ERTIKA Owner VITTHAL SAKHARAM SHETE A/P GHATKOPER MUMBAI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)ICICI A/P MUMBAI 2) CHOLA MS A/P MALAD MUMBAI
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)POLICY NO 3005/0/2011448382/01/0000010720 DATE 02/01/2021 TO 01/01/2026 2) 1)POLICY NO 3362/02190708/000/01 DATE 20/02/2023 TO 19/02/2024
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)

Police, Inspector

VAIBAHVWADI POLICE STATION

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post