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	:-	Devgad Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO. 133/2025
3.	Date. Time and place of the accident.	:-	DATE 26/08/2025 AT 12.30 PM Wadatar TAL-DEVGAD
4.	Name of the Injured /Deceased	:-	nill
5.	Name of Hospital to which he /she was removed.	:-	---
6.	Number of vehicles and type of the vehicle.	:-	1) ST BUS - MH-12-BL-2757 2) Bolero max- MH-09-FL-1862
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) Ketan Vijay Gharkar R/O Vijaydurg, tal devgad Badge no- 11398 Driving License-MH07-20110008705 2) Nilesh Dattaram Parab R/O Sandave tal-devgad Driving License- MH-07-20140004937
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) S.T.Agar Vijaydurg 2) Nilesh Dattaram Parab R/O Sandave tal-devgad
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	---
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	----
11.	Action taken, if any, and the result thereof.	:-	Chargshit Submited

पोलीस निरीक्षक देवगड पोलीस स्टेशन

Inspector of Police,
Devgad Police Station.
पोलीस निरीक्षक
पोलीस स्टेशन देवगड

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