FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (8) 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	: Vijaydurg
2.	CR. NO./TAR No./ SDE No.	: 29/2024 BNS 281,125(A), 125(B),324(5) MV ACT 184
3.	Date, Time and place of the accident.	: DATE 07/09/2024 TIME 07.50 TO 08.30 PLACE – VELGIVE TAL.DEVGAD
4.	Name of the Injured /Deceased	: 01.GANESH MULE AGE 40 ,A/P VIJAYDURG
5.	Name of Hospital to which he /she was removed.	: KANKVALI GOV.HOSPITAL
6.	Number of vehicles and type of the vehicle.	: ASHOK LAYLAND BUS MH20 BL2918 ASHOK LAYLAND BUS MH20BL2460
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.	: 01 GANESH MULE AGE 40 ,A/P VIJAYDURG 02. NASIR AHMAD PATAN AGE-33, A/P VIJAYDURG
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	: GURUNATH YASHWANT MANCHEKAR ,AGE-43 A/P MANCHE KAMLESH CHANDRAKANT SAWANT ,AGE-34 A/P VELGIVE
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.	: THE CHARGESHEET SEND TO COURT

Inspector of Police,

Vijaydurg Police Station.