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 7/2025 B.N.S SEC.106(1),125(A),125(B) MV ACT 181,184,196
3.	Date, Time and place of the accident.	:-	PLACE-BHUIBHAVWDA SONARACHA AAMB TAL-VAIBHAVWADI DATE 13/12/2024 08.00
4.	Name of the Injured /Deceased	:-	Deceased – SARIKA AAKASH DESAI AGE 28 A/P BHATIVDE TAL-BHUDARGAD dist-Kolhapur
5.	Name of Hospital to which he /she was removed.	:-	AAKASH DESAI AGE 28 A/P BHATIVDE TAL-BHUDARGAD dist-Kolhapur
6.	Number of vehicles and type of the vehicle.	:-	TWO wheeler MH 09 CY 1437
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.	:-	AAKASH DATTATRAY DESAI AGE 28 A/P BHATIVDE TAL-BHUDARGAD dist-Kolhapur
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	AAKASH DESAI AGE 28 A/P BHATIVDE TAL-BHUDARGAD dist-Kolhapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO Insurance
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NO Insurance
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION