FORM COMP AA

[See Rules 253 ©, 254 (e) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Vijaydurg
2.	CR NO./TAR No./ SDE No.	43/2024 BNS 281.125(A),125(B),323(4)
3.	Date. Time and place of the accident.	DATE 06/12/2024 TIME 18.45 TO 19.00 PLACE – REDETAKA BAPARDE TAL DEVGAD
4.	Name of the Injured /Deceased	01.SUPRIYA SUNIL PUJARE ,AGE 42 ,A P NADAN TAL.DEVGAD 02.SANDESH SANTOSH DEVLEKAR A P NADAN TAL.DEVGAD
5.	Name of Hospital to which he /she was removed.	NAGVEKAR HOSPITAL KANKVALI
6.	Number of vehicles and type of the vehicle.	TATA INTRA MH09GJ2585 TVS JUPITER MH07AM3814
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.VIRSEN DINKAR WAGLE ,AGE-28 Y,A/P TISANGI 02. SANDESH SANTOSH DEVLEKAR A/P NADAN TAL.DEVGAD
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	SANJAY ANAT LAD AGE-47 Y, A/P BAPARDE VIVEK VITHAL VEDUK ,AGE-41 ,A/P BAPARDE
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	01.CHOLAMANDALAN MS GENERAL INSURANCE COMPANY KOLHAPUR BRANCH 02. ICICI LOMBARD GENERAL INSURANCE
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	01.POLICY NUMBER 3379/03890199/000/00 02. POLICY NUMBER 3005/TV14679717/00/000
11.	Action taken. if any, and the result thereof.	THE CHARGESHEET SEND TO COURT

Inspector of Police,

Vijaydurg Police Station.