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	:-	Kudal
2.	CR. NO./TAR No./ SDE No.	:-	CR no 232/2024
3.	Date. Time and place of the accident.	:-	13/10/2024 at 19.30 hrs. At Front Of Hotel Mama Bhache Kudal Tal.Kudal .
4.	Name of the Injured / Deceased	:-	1) Shailesh Umesh Gupta. 33 yrs. (Deceased) 2) Suhas Sharad Mulam 26 yrs (Injured)
5.	Name of Hospital to which he /she was removed.	:-	1) Rural Hospital Kudal 2)BRD Medical Collage Gorakhapur Dist. Gorakhapur State - UP
6.	Number of vehicles and type of the vehicle.	:-	1) MH 07 AC 7629 Honda Company Activa 4GCB SHINE
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) Suhas Sharad Mulam Adress - Nerur Ganeshwadi. Tal Kudal. Driving License – MH 07 20160003072 RTO Sindhudurg
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) MH 07 AC 7629 Honda Company Activa 4GCB SHINE Owner - Shard Dattaram Mulam Address- Nerur Ganeshwadi. Tal Kudal.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) MH 07 AC 7629 Honda Company Activa 4GCB SHINE Insu. Company- Bajaj Allianz earl Insurance Company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Insu. Company- Bajaj Allianz earl Insurance Company LTD Date-28.10.2024 to 27.10.2025
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no. SCC- 111/2025

Inspector of Police,
kudal police station

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