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	:-	Vijaydurg police station
2.	CR. NO./TAR No./ SDE No.	:-	49/2025 BNS281,125(A),MV ACT 184
3.	Date, Time and place of the accident.	:-	date-07.09.2025,time – 20.30 ,palce-VIJAYDURG POLICE STATION NEAR TAL.DEVGAD
4.	Name of the Injured /Deceased	:-	BABARAO DEVRAO SHIRSAT, A/P-VIJAYDURG tal.devgad PAKIJA ASHRAF BHATKAR, A/P-VIJAYDURG TAL.DEVGAD
5.	Name of Hospital to which he /she was removed.	:-	PHC PADEL SARITA HOSPITAL DEVGAD
6.	Number of vehicles and type of the vehicle.	:-	01.MH13 CU 8736
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. BABARAO DEVRAO SHIRSAT A/P-VIJAYDURG
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	01. 02.
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 CHARGE SHEET SEND TO COURT

Inspector of Police,
VIJAYDURG Police Station.