FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

	Name of the Police Station	:-	kankavali
	CR. NO./TAR No./ SDE No.	:-	CR No. 169/2024, BNS-279.337. M.V.ACT-184
	Date. Time and place of the accident.	:-	Date-26/05/2024 TIME-21.30 Place- Achara To Kankavali Road, Tal-kankavali
	Name of the Injured/Deceased	:-	Injured-Yamuna More, A/P-Kalmath.Tal-Kankavali
	Name of Hospital to which he /she was removed.	:-	Sub District Hospital,Kankavali
	Number of vehicles and type of the vehicle.	:-	CBZ 2 wheeler- MH 07 N 7848
	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.	:-	Mashak Emrahim Shekh,Age-28.A/P-Bandhakarwadi,Tal-Kankavali (CBZ 2 wheeler- MH 07 N 7848) License.- The union of india maharashtra state Motor driving licence License No.-MH0720170005056 Issuing Authority-MH07
.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Gaurav Vilas Modak,A/P- Sukalwad.Tal-Malvan
.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No
0.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	No
1.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

Inspector of Police,
kankavali Police Station.

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.