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 49/2025 B.N.S SEC. 281,324(3)
3.	Date, Time and place of the accident.	:-	DATE 13/05/2025 TIME - 16.40 PLACE- Karul ghat -
4.	Name of the Injured /Deceased	:-	NO Injured
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	ST BUS NUM. MH-14-LX8927 TRUK NUM. .AP39 VE3369
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)BUS DRIVER – PARSHURAM BALU AAIWALE AGE 34 A/P VADARGE TAL-GADHINGLJ DIST-KOLHAPUR D L NO-MH0920110049264 2) TRUK DRIVER – SHEKHAR AYYANA DHANPAL AGE -34 A/- HANUMAN NAGER DIST –KARNUL STATE –AANDRAPRADESH D L NO-AP02120120013640
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)BUS DRIVER - ST MAHAMANDAL STATE-MAHARASTRA 2) TRUK DRIVER – B RAVI HANUMAN NAGER BETAMCHERLA ,DIST –KARNUL STATE - AANDRAPRADESH
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	THE NEW INDIA ASSURANCE COMPANY.LTD A/P- BETAMCHERLA BUS STAND NEAR
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Insurance Policy NUM.-611507312401000002 18 DATE 30/12/2024 TO 29/12/2025
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

MANOJ SONWALKAR
POLICE INSPECTOR
VAIBHAVWADI POLICE STATION

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