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 70/2024 BNS 281, 125(A) MV ACT 184
3.	Date, Time and place of the accident.	:-	DATE 17/09/2024 TIME –15.00 PLACE – BHUIBAWADA TAL-VAIBHAVWADI
4.	Name of the Injured /Deceased	:-	Injured -SUJATA BABU JADHAV AGE -75 A/P KASARDE TAL-KANKAVLI
5.	Name of Hospital to which he /she was removed.	:-	SELF
6.	Number of vehicles and type of the vehicle.	:-	ST BUS NO – MH-14 –KQ-5937
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.	:-	ST BUS- Driver-RAJU SOYAM D L NO MH 34-20100001751
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	ST BUS-MAHARASHATRA STATE
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	-
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 TO COURT

(M.P.SONWALKAR)
Police, Inspector
VAIBAHVWADI 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.