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	:-	Kankavali Police Station
2.	CR. NO. / AR No./ SDE No.	:-	CR NO.331/2024 IPC-281, 125(a), M.V.Act 184
4	Date, Time and place of the accident.	:-	Date -16/11/2024 Time -07:30 Place-PhondaGhat ,Tal-Kankavali
4	Name of the Injured /Deceased	:-	**Injured** – Deepak Vikshanna Lad, Age- A/P- Bidwadi ,Tal- Vaibahwadi
5.	Name of Hospital to which he /she was removed.	:-	Sub District Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	**Wagnaor CAR** – GA 05 F 7507 AURA CAR- MH 12 WJ 4542
7	Name and address of the Driver of the vehicle with particulars of 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	:-	Sanjay Vasant Pantmirashi, Age – 19 A/P- Bidwadi Ladwadi,Tal -Kankaval Licence-The union of india maharashtra state motor driving licence Licence No-MH0720170003641 Issuing Authority - MH07
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sanjay Vasant Pantmirashi, Age – 49 A/P- Bidwadi Ladwadi,Tal -Kankavali
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Maruti Suzuki Insurance Broking Private Limited, Nelson Mandela Road, Vasant Kunj, New Delhi-110070 Policy Office -3C-D Sesa Ghor20,Patto Plaza,Panaji, Goa-403001
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	**Number of Insurance Policy**-OG-25-9110-1870-00005597 **Date of Validity**- 29-04-2024 TO 29-04-2025
1	Action taken, if any, and the result thereof.	:-	The Chargesheet 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.