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
2.	CR. NO./TAR No./ SDE No.	:-	CR No.30/2024, IPC-279,337.M.V.ACT-184
3.	Date. Time and place of the accident.	:-	Date-24/01/2024 TIME-12.30 Place- Gadnadi Pulachya Valnavr.Tal-kankavali
4.	Name of the Injured /Deceased	:-	Injured-1) Anup Amit Jadhav.Age 20. A/P-Bhosalenagar Pune 2)Arjun Aashish Khinavsra.Age 20. A/P-Govinda building Pune
5.	Name of Hospital to which he /she was removed.	:-	Sub-District Hospital Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Creta Car-MH 14 FS 9851
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.	:-	Aadit Mahesh Aakhegavkar. A/P-Bhosalenagar Pune Licence No. The union of india maharashtra state driving licence NO- MH1220220027266 Issuing Authority-MH 12
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Aadit Mahesh Aakhegavkar. A/P-Bhosalenagar Pune
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance	:-	No

	Policy/Insurance Certificate.		
11.	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.