

FORM COMP AA

[See Rules 253 ©, 254 (c) (iii), 254 (8) 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1. Name of the Police Station	:- Malvan
2. CR. NO./TAR No. SDE No.	:- 88/2017 IPC 279, 337, 338 M.V. Act 184
3. Date, Time and place of the accident.	:- 06/06/17 - 15:05 At Adaxi Road Kachara Depo near
4. Name of the Injured /Deceased	:- Bhade Kanu patil, At post Tondarli, Tal. Malvan
5. Name of Hospital to which he /she was removed.	:- R. H. Malvan
6. Number of vehicles and type of the vehicle.	:- ① Dampers No. MH07-X 0236 @ S.T. BUS MH20 D8781
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 Abhishek Babu Malgaokar (Dampers Driv.) At post Chindar Tal. Malvan Driv. L. No. - MH07 20140000400 RTO Sindhu. ② Ashvin Arun Bhogale (S.T. Bus driv.) At post Malvan Tal. Malvan Driv. L. No. MH02 20070125029 RTO Anderi Bach No. 14861 (<u>accused</u>)
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Kishor Ramchandra Khot At post. Chindar Tal. Malvan
9. Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	① Dampers - New India Insurance company Division office Ratnagiri ② S.T. Bus - Government Insurance
10. Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	① Dampers insurance - 22/05/17 to 21/05/18
11. Action taken, if any, and the result thereof.	:-
Inspector of Police,	
..... Police Station.	
N.B - This form should accompany with all the necessary document viz. (1) FIR (2) Panchanama (3) Medical Certificate/Post - Mortem Report.	