

## FORM COMP AA

[See Rules 253 @ (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 334/2017 IPC 279, 337, 338, M 184, 134/187
3	Date, time and place of the accident	18/11/2017 08:50 Janvali Ratambeval
4	Name of the injured/deceased	(1) Sudhkar Bhikaji Pawar, age 43, At & Post- Janvali Bowdhwadi (2) suvarna chandrakant kadam, age 45, At & Post- karul Bowdhwadi (3) Vijaya Vilas Chavan, age 38, At & Post- Tivare Chavanwadi (4) rashmi skharam sawant, age 20, At & Post- karul sutarwadi
5	Name of the the hospital to which he/she was removed	Civil hospital Kankavali
6	Number of vehicles and type of the vehicle	2 vehicles & Luxuri, three seaters auto
7	Name and address of the drive 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 numbers of badge in case of public service vehicle and the address of the issuing authority of the said badge	--
8	Name and address of the owner of the vehicle as it stands on the date of the accident	(1) Sudhkar Bhikaji Pawar, age 43, At & Post- Janvali Bowdhwadi (2) Mayur Mangesh Fathak, Age 26, At & Post- Katta

		Bajarpeth, tal. malvan
9	Name of insurance policy / 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 there of	CRIME REGISTERED U/S IPC 279, 337, 338, M 184, 134/187 CHRSHEET SUMIT
		INSPECTOR OF POLICE
		KANKAVALI POLICE STATION
	N.B. This should accompany with all the necessary document viz (1) f.i.r (2) panchanama 3() medical certificate/post- mortem report	