

**FORM COMP AA**

[ See Rules 253 (C), 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./TAR No./SDE No.	Cr.No.72/2023 IPC 304(A), 279,337,338, MV Act-184, 3/181, 146/196
3	Date, Time and Place of the accident	Date- 12.12.2022, Time- 21.00 At- Halval Fata, Tal- Kankavali, Kankavali-Kalsuli Ruler Road
4	Name Of the Injured/Deceased	Deceased- Arun Ghanshyam Rane Age-47 Years, At Post Halval Nerlewadi Tal-Kankavali
5	Name of Hospital to which he/she was removed	Sub District Hospital Kankavali, Gao-Bambuli Medical Collage
6	Number Of Vehicles and type of the vehicles	1 Moter Cycle- MH 07 M 2111
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 Vihicle and the address of the Issuing Authority Of the said Badge	Driver Name- Arun Ghanshyam Rane Age-47 Years, At Post Halval Nerlewadi Tal- Kankavali  Driving License NO. – No
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	Arun Ghanshyam Rane Age-47 Years, At Post Halval Nerlewadi 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	No
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	No
11	Action taken,, if any, and the result there of	Cr.No.72/2023 IPC 304(A), 279,337,338, MV Act-184 , 3/181, 146/196  Inspector of Police Kankavali Police Station

**N.B-** This form should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical certificate/Post Mortem Report