FORM COMP .AA

(See rules 253,253 (C),(iii),254 (80),255 (I) (iv)

1	Name of the police station	VAIBHAVWADI
2	CR.NO./TAR /SDE No.	Cr 43/2023 IPC – 279,336,338 MV ACT -184,
3	Date of time & place of Accident	28/04/2023 on 17.30 A/P NADHAVDE MAHADEVWADI NEAR TAL-VAIBHAVWADI
4	Name of injured / Deceased	Name of injured- RAVI MAHADEV MASHALKAR AGE 43 ,A/P KONDAVA DIST-PUNE
5	Name of the Hospital to wich He / She was removed	UNKOWN
6	Number of Vehicle &type of Vehicle	MH 12 MV2333 CONTENAR
7	Name & address of the driver of the Vehicle wich perticulers of driving license of the said and the address of the issuing Authority of this said Driving license.the number of Badge in case of publice Vehicle & the address of the issuing Authority of the said Badge	**Driver Name** – RAVI MAHADEV MASHALKAR AGE 43 ,A/P KONDAVA DIST-PUNE DL NO MH 12 -5466
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	DADASAHEB JAGANNATH DHAGE A/P TEMBHURNI TAL –SHIRUR DIST-PUNE
9	Name & address of the Insurance company with whom the Vehicle was Insurance & the Divisional office of the said Insurance company	NILL
10	Number of Insurance police / Insurance certificate and the date of validity of the Insurance police / Insurance certificate	Nill -
11	Action taken,if any & result of	**Offence Reg -** Cr 43/2023 IPC – 279,336,338 MV ACT -184,
		Police Inspector Vaibhavwadi
	N.B – Thise from should accompany with all the necessary documents (I) FiR (2) Panchanama (3) Medical Certificate / postmortem report	