


**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 54/2023 IPC – 304-A,279,337,279 MV ACT -184,
3	Date of time & place of Accident	30/5/2023 on 17.00 A/P KOKISARE SHIRODKAR PETROLPAMP NEAR TAL-VAIBHAVWADI
4	Name of injured / Deceased	Name of injured- JOYTARAM HEMARAM SOLANKI AGE 26 A/P VAIBHAVWADI MARKET
5	Name of the Hospital to wich He / She was removed	SANDIP KISHION JAGTAP AGE 38 A/P VAIBHAVWADI MARKET
6	Number of Vehicle & type of Vehicle	MH 09 CU 5722 TRUK MH07 AN 1917 TOW WHEELAR
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 – PRAKASH THAKU KOKRE AGE 20 A/P KATLI TAL-GAGANBAVWDA DIST-KOLHAPUR
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	SAKHARAM SIDHU KOKARE AGE 206 A/P KATLI TAL-GAGANBAVWDA DIST-KOLHAPUR
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	THE ORIENTAL INSURANCE COMPANY LTD A/P CHINTAMANI PARK KANKAVLI
11	Action taken,if any & result of	Cr 54/2023 IPC – 304-A,279,337,279 MV ACT -184,
		 <b>Police Inspector</b> Vaibhavwadi
	N.B – Thise from should accompany with all the necessary documents ( 1 ) FiR ( 2 ) Panchanama ( 3 ) Medical Certificate / postmortem report	