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 105/2023 IPC – 304-A,279,337,338,427,
3	Date of time & place of Accident	02/11/2023 on 03.00 A/P BHUBHAVWDA GHAT TAL-VAIBHAVWADI
4	Name of injured / Deceased	Name of injured- SATISAH ANNANDA MAHJAN AGE 50 A/P KALE DIST-SINDHUDURG
5	Name of the Hospital to wich He / She was removed	NILL
6	Number of Vehicle &type of Vehicle	MH 09 FL 7445 TRUK
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 –** SATISAH ANNANDA MAHJAN AGE 50 A/P KALE DIST-SINDHUDURG
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	SATISAH ANNANDA MAHJAN AGE 50 A/P KALE DIST-SINDHUDURG
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	BAJAJ ALLIANCE GENRAL INSURANCE COMPANY LTD A/P SHAHUPURI KOLHAPR
11	Action taken,if any & result of	Cr 105/2023 IPC – 304-A,279,337,338,427,
		Police Inspector Vaibhavwadi
	N.B – Thise from should accompany with all the necessary documents (I) FiR (2) Panchanama (3) Medical Certificate / postmortem report	