FORM COMP .AA

(See rules 253.253 (C),(iii),254 (80),255 (I) (iv)

	Name of the police station	C),(iii),254 (80),255 (1) (iv) VAIBHAVWADI
1 2	CR.NO./TAR /SDE No.	Cr 71/2022 IPC - 279,427, MV ACT -184,185
3	Date of time & place of Accident	10/12/2022 on 16.00 at – Vaibhavwadi TO Kolhapur highway, Road Near Karul trning point
4	Name of injured / Deceased	Nill
5	Name of the Hospital to wich He / She was removed	Nill
6	Number of Vehicle &type of Vehicle	Motor CAR No MH01 CD 8678 Cuntenor No HR 55x1582
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 - Chandrapal Harising Jasrana Firojabad , State-up License no – No UP8320170003161 Authority by –up state Vailid Date -02-06-2037
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	Owners name -Dinesh malik At, Near shietala matamandir12 Biswa gurgaon village state-up
9	Name & address of the Insurance company with whom the Vehicle was Insurance & the Divisional office of the said Insurance company	ICICI Lomboard Genral Insurance Company Limited At Bhai veersingmarg New delhi
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. Cr71/2022 IPC- 279,427, MV ACT - 184,185
		अमित यादव वोज्ञीस निरीक्षक जोज़ीस ठाणे, वेनवकाडी

3) Medical Certificate / postmortem report