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.	Cr35/2022 IPC - 279,337,338 MV ACT -184,3(1)181
3	Date of time & place of Accident	21/08/2022 on 17.00 At – shidavne vijllage to nadhavde village road
4	Name of injured / Deceased	Name of injured- samir rajaram iswalkar age 33 At -nadhavade tal- vaibhavwadi dist-sindhudurg
5	Name of the Hospital to wich He / She was removed	Amol dhondu paste at nadhavde tal-valbhavwadi
6	Number of Vehicle &type of Vehicle	Motor cycel number MH07Ap3297
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	ll a ll a da tal
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	Rajaram Shivlaram iswalkar At -nadhavade tal- vaibhavwadi dist-sindhudurg ICICI Lomboard Genral Insurance Company At kudal
9	Name & address of the Insurance company with whom the Vehicle was Insurance & the Divisional office of the said Insurance company	dist-sindhudurg
10	Number of Insurance police / Insurance certificate and the date of validity of the Insurance police / Insurance certificate	
11	Action taken, if any & result of	Offence Reg Cr35/2022 IPC - 279,337,338 MV ACT - 184,3(1)181
		अभित यावव पोशीस निरीक्षक पोशीस ठाणे, वेभववाठी
		th all the necessary documents (1) FIR (2) Panchanam