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 49/2022 IPC – 279,337
3	Date of time & place of Accident	31/10/2022 on 19.30 at – Vaibhavwadi TO Kolhapur highway, Road Near vaibhavwadi market
4	Name of injured / Deceased	Name of injured - Pirsaheb maula shekh age 39 at kolhapur police line
5	Name of the Hospital to wich He / She was removed	Nill
6	Number of Vehicle &type of Vehicle	Motor Cycel No MH07u1627 Motor Cycel No MH-09-CD-1492
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** - samir raorane License no – MH07 20100021300 Authority by –maharastra state Vailid Date -01-01-2030
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	Owners name shashikant s raorane at vaibhavwadi 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	Nill -
11	Action taken,if any & result of	Offence Reg. Cr 49/2022 IPC – 279,337
		अमित यादव पोलीस निरीक्षक पोलीस ठाणे, वैभववाडी
	N.B – Thise from should accompany with all the necessary documents (I) FIR (2) Panchanama (3) Medical Certificate / postmortem report	