

FORM COMP AA

See rules@ 253 (c) (iii) 254 (80), 255 (I) (IV)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the police station	-	Ambajogai City
2.	CR NO/TER NO/SDE NO	-	CR NO 87/2025 U/S 281,125(ब) BNS
3.	Date Tme and place of Accident	-	Date 14/02/2025 At 16.30 hrs in front panchayat samiti Ambejogai
4.	Name of Injured/Deceased person	-	Adv Bhaiyasaheb Bhimrao Sonwane / 45 Yrs prashantnagar Ambejaogai, te Datt Mandir housing society Ambejogai
5.	Name of the Hosp to which he/she removed	-	SRTR Hospital Ambajogai
6.	Number of vehicles and type of vehicle	-	Jupiter Scooty MH 14 HS6409 (Accus Mot. Cycle No MH44E7741 (injured)
7.	Name and Address of the Driver of the vehicle with perticulers of driving license of the sais driver and Address of the issuing Authority of the said Driving License. The Number of Badge in Case of Public Service vehicle and The Address of Issuing Authority Of the said Badge.	-	Pathan Khalil pasha gafur khan age 3 At post -pus Teh - Ambejogai Dist -Beed
8.	Name and Address of the Owner Of the Vehicle as it stands on the Date of the Accident.	-	Imran Dastgir Bagwan Akurdi pune Mob No 9850181318
9.	Name and Address of the Insuran-ce Company with whom the Vehicle was insured and the Divisional office said insurance company.	-	---
10.	Number of Insurance Policy Insurance Certificate and the Date Of Validaty of the Insurance policy Insurance Certificate	-	---
11.	Action taken if any and the result	-	On investigation

Inspector of Police
Ambajogai City पोलीस ठाणे
पोलीस ठाणे, अंबाजोगाई (४५)