FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	NIVTI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR NO 31/2025, BNS 106(1),125(A),125(B), 281,M.V Act 184
3.	Date, Time and place of the accidem.	:-	12/08/2025 TIME 22.30. PLACE- MADYACHIWADI NEAR KARMALUGALU STOP, TAL- KUDAL
4.	Name of the Injured /Deceased	:-	ROHAN/AKSHAY ATMARAM SAWANT, AGE-18 year, A/P PARULE KUSHEWADA. TAL- VENGURLE
5.	Name of Hospital to which he /she was removed.	:-	GOV MEDICLE COLLAGE AND HOSPITAL , TAL- KUDAL, DIST- SINDHUDURG
6.	Number of vehicles and type of the vehicle.	:-	MARUTI SUZUKI ERTIGA NO. MH 07 AG 4995
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	:-	CHANDRAKANT SURENDRA PARULEKAR. AGE- 32 year, A/P PARULE KSHEWADA, TAL- VENGURLE Issuing Authority of the said Driving License - GOVERNMENT OF MAHARASHTRA
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	DHEERAJ PANDURANG AMBADPALKAR AGE- 40 year, A/P PARULE BAJARWADI. TAL- VENGURLE
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	THE NEW INDIA ASSURANCE CO. LTD.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	11/10/2024 - 10/10/2025
11.	Action taken, if any, and the result thereof.	:-	Chargsheet submited to Court

दिनेश नायकवाड
सहा. पोलीस निरीक्षक
निवती पोलीस ठाणे

Dinesh Nayakwad
A.P.I.
NIVTI Police Station

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.