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	:-	SAWANTWADI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.34/2025, BNS-281, MVA-184
3.	Date, Time and place of the accident.	:-	Date – 17/02/2025 Time – 14.30 Place- At-Amboli Phanaswadi , Banda to Sankeshwar NH, Tal- Sawantwadi, Dist- Sindhudurg
4.	Name of the Injured /Deceased	:-	Nil
5.	Name of Hospital to which he /she was removed.	:-	Nil
6.	Number of vehicles and type of the vehicle.	:-	1) ST BUS – MH-14-BT-2017 2) MH-09-DA-7617
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.	:-	1) Sachin Pratap Khude, age- 43 At/po- Pinguli, Gudhipur, tal-Kudal, Dist-Sindhudurg License no.MH-07 20110007977 Issuing Authority- MH-07 Badge no- 20673 2) Sachin Suresh Savalekari, age-43 At/po- Azad chouk, Kagal,Tal-Kagal,Dist-Kolhapur License no.MH-09 20080024521 Issuing Authority- MH-09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Maharashtra state transport dept Depo- Sawantwadi 3) Sachin Suresh Savalekari, age-43 At/po- Azad chouk, Kagal,Tal-Kagal,Dist-Kolhapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) Vehicle No.1 has no Insurance 2) Vehicle No.2 has no Insurance
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Vehicle No.1 has no Insurance 2) Vehicle No.2 has no Insurance
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station