FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO- 03/2024,IPC-279,337,338,MVAct-184,
3	Date, Time and Place of the accident	Date- 01/01/2024 Time- 11.15 Place- Amboli Ghat, From 200 meter to Main Water fall On Venurla belgao road, Tal-Sawantwadi
4	Name of the Injured/Deceased	1) Abdulkadarjilani Abdul mulla, age-21 KHP bavdane, Rajiv Gandhi nagar, gadag, dist- gadag, State - Karnataka 2) Albaj Shoukatali Dandin, age-21 KHP bavdane, Rajiv Gandhi nagar, gadag, dist- gadag, State - Karnataka
5	Name of the Hospital to which he/she was removed.	1) PHC Amboli 2) Sanjeevani Speciality Hospital Hubli
6	Number of the vehicles and type of the vehicle.	2) Bajaj Pulser - KA-26-W-5172 3) Mahindra Bolero Pick up- MH-09-GJ-0856
7	Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	1) Abdulkadarjilani Abdul mulla, age-21 KHP bavdane, Rajiv Gandhi nagar, gadag, dist- gadag, State - Karnataka D/L- no- KA-26 20230004179 Issuing authority- KA-26 2) Kallappa mahadev Khade age- 52 At/po- kagani, Tal- Chandgad, dist-Kolhapur D/L- no- Mh-09-20090029057 Issuing authority- MH-09
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Venkatesh maruti mutagar At/po-gandhi nagar settlement betageri, gadag, dist-gadag, state -Karnataka 2) Mahavev Ramchandra Patil At/po- Kalyanpur, Po-kagani, tal-chandgad, dist-sindhudurg
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) The Oriental insurance company LTD 2) Universal Sompo General Insurance co.Ltd
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Policy no. 423700/31/2024/1802 Period - 24/01/2024 to 23/01/2025 2) Policy no.2315/71350520/00/000 Period - 07/09/2023 to 06/09/2024
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Amol Chavan)
POLICE INSPECTOR
Sawantwadi 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.~~