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	:-	Dodamarg Police Station
2.	CR. NO./TAR No./ SDE No.	:-	Cr.no.24/2026 BNS-125(a)(b), 281 Mv act-134,177
3.	Date, Time and place of the accident.	:-	14/02/2026 , 05.30 am, Zarebambar Near Chaleshwar Mandir Tal-Dodamarg
4.	Name of the Injured /Deceased	:-	1. Injured -Mohan Vitthal Naik age- 75 R/O - Zarebambar Tal-Dodamarg
5.	Name of Hospital to which he /she was removed.	:-	1.Rural hospital Dodamarg 2.Medical College Bambolim Dodamarg
6.	Number of vehicles and type of the vehicle.	:-	1.GA 04 E 0818 - Alto K10
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.Pralhad Laxman Kerkar R/O Nanode Bicholim Goa
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.Pralhad Laxman Kerkar R/O Nanode Bicholim Goa
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	--
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
11.	Action taken, if any, and the result thereof.	:-	The Charge Sheet sent to Court

H.B. Khopde

H.B. Khopde
Inspector of Police,
Dodamarg Police Station.