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.27/2024,IPC - 279, MVA-184
3.	Date, Time and place of the accident.	:-	Date – 02/02/2024 Time – 08.30 Place- At the bend on the road from Vengurla to Belgaum in Devasu Kumbheshwarwadi . Tal- Sawantwadi, Dist- Sindhudurg
4.	Name of the Injured /Deceased	:-	----
5.	Name of Hospital to which he /she was removed.	:-	----
6.	Number of vehicles and type of the vehicle.	:-	1.Mahindra Furio 11 REGN NO. MH-09-FL-8296
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.Maruti Shidappa Shirgure, Age- 53 At- Trimurti Gali Uchagon Tal Karvir Dist Kolhapur License No.MH09 20050213100 Issuing Authority- MH09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.Omkar Rajaram Patil At/po-Patil Gali Terwad Tal Shiol Dist Kolhapur Pin-411019
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Columandalam MS General Insurance Company Ltd.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy no. 3379/03339693/000/01 Period of Insurance- 16/12/2023 to 15/12/2024
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station