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	:-	Kankavali Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO.333/2024 BNS 106(1).281.125(a),125(b).M.V.Act 18[illegible]
3.	Date. Time and place of the accident.	:-	Date -13/10/2024 Time -04.30 Place-Vagade.Tal-Kankavali
4.	Name of the Injured /Deceased	:-	Deceased - Dharippa Kerba Bajbulkar. Age-[illegible] 31.A/P-Osargav.Tal-Kankavali
5.	Name of Hospital to which he /she was removed.	:-	Goa Medical College.Goa
6.	Number of vehicles and type of the vehicle.	:-	Honda Deluxe-MH 07 M 9414
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.	:-	Dharippa Kerba Bajbulkar,Age-31.A/P-Osargav,Tal-Kankavali (Honda Deluxe-MH 07 M 9414) Licence-The union of india maharasi[illegible] state motor driving licence Licence No-MH072013000614 Issuing Authority - MH07
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Gopal Mahadev Kanekar.A/P-Bajarwadi.Tal-Kudal
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NO
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent To Court.

Inspector of Police.
Kankavali Police Station.

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