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.22/2024 IPC-304(a), 279,337,338,427 Mv act-184
3.	Date, Time and place of the accident.	:-	03/03/2024 , 19.30 pm, Vayangantad Tal-Dodamarg
4.	Name of the Injured /Deceased	:-	1.Omkar Vitthal Patil R/O- Kalkudri Tal-Chandgad , Dist-Kolhapur 2.Sumit Parsharam Patil R/O- Kalkudri Tal-Chandgad , Dist-Kolhapur
5.	Name of Hospital to which he /she was removed.	:-	Primary Health Centre Sateli-Bhedshi
6.	Number of vehicles and type of the vehicle.	:-	1.MH 07 V 0178 - Honda Shine 2.GA 03 Z 8423 - TATA Harrier
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.Omkar Vitthal Patil R/O- Kalkudri Tal-Chandgad , Dist-Kolhapur 2.Rajesh Shyamsundar Gosavi R/O-Mhapusa Pedne Goa
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.Omkar Vitthal Patil R/O- Kalkudri Tal-Chandgad , Dist-Kolhapur 2.Rajesh Shyamsundar Gosavi R/O-Mhapusa Pedne 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
Inspector of Police,
Dodamarg Police Station.