FORM COMP AA

[See Rules 253 (C), 254 (c)(iii), 254 (80 255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Kankavli
2	CR.NO./TAR No./SDE No.	165/2026 BNS 281, 285, 125(a),125(b), mvact 184.
3	Date, Time and Place of the accident	Date of accident- 11/07/2026 Time of accident – 07:45 pm Place of accident – Kasarde Anandnagar in front of Bharat petrolpump of Bombay-goa highway Road, on Mumbai-Goa len,Tal-kankavli, dist-Sindhudurg
4	Name Of the Injured/Deceased	1. Adiveppa Yallavva Mang, (Injured)
5	Name of Hospital to which he/she was removed	1. Sub District Hospital Kankavli.
6	Number Of Vehicles and type of the vehicles	1. Damper (Tipper) reg.no. MH-50-Z-4419. 2. Tankar reg.no. MH-45-T-9621.
7	Name and address of the Driver of the vehicle with particulars or Driving License of the saod driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge	**1)** Sandeep Kalidas Darade, Age 46 Yrs, AT/Post-Bhalgaon Near Z.P.School, Tal- Barshi, Dist- Solapur, State-Maharashtra Driving License No.MH13 20080029664. (MH13 – RTO Solapur Maharashtra) Damper (Tipper) reg.no. MH-50-Z-4419. **2)** Sunil Sattu Kamble, Age 45 Yrs, AT/Post-Tavandi, Tal- Nipani, Dist- Belgaum, State- Karnatak. Driving License No.KA23 20030003055. (KA23 – RTO Nipani Karnatak) Tankar reg.no. MH-45-T-9621.
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	**1)** Damper (Tipper) reg.no. MH-50-Z-4419 Arjun Sudhakar Desai. AT- Yeradwadi Post- Malharpeth, Tal- Patan, Dist-Satara, MH, 415205 **2)** Tankar reg.no. MH-45-T-9621 Sambhaji Maruti Tate A/P- 938/1 B Raviwar Peth, Tal- Karveer, Dist-Kolhapur, MH 416002.
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company	**1)** Name of insurance policy- The New India Assurance Co.Ltd. Add.of Inshurance policy- Rahul Chambers, Pune Mumbai Rd, Opp. J N Marshall, Kasarwadi, Pune- 411034, Phone No.123456, and 02024451648. Email- ch159001@newindia.co.in **2)** Name of insurance policy- United India Insurance Co.Ltd. Add.of Inshurance policy- Rajshri Shahu Sadan Station Road, Shahupuri, Kolhapur 416001, Phone No.0231-2650821.
10	Number of Insurance Policy/ Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate.	1) Inshurance policy no.- 153500312503000034 39. Period of Insurance policy – 30/12/2026. 2) Inshurance policy no.- 1605003125P107182560 Period of Insurance policy – 05/08/2026.
11	Action taken, if any, and the result there of	Kankavli police station CR.no.165/2025 BNS 281, 285, 125(a), 125(b), mvact 184 is ragisterd. Inspecter of Police Kankavali Police Station

N.B- This form should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical certificate/Post Mortem Report