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	:-	Kudal
2.	CR. NO./TAR No./ SDE No.	:-	131/2024
3.	Date, Time and place of the accident.	:-	Date 11/05/2024 at 01.00 hrs. At Kudal,Goa to Mumbai HighWay on road, Bhangasal River on the Bridge, Tal- Kudal
4.	Name of the Injured / Deceased	:-	1.Vitthal Sakharam Solakar Age- 65 yrs, (Injured) 2. Sunil Uttam Korade Age-35 yrs (Injured)
5.	Name of Hospital to which he /she was removed.	:-	District Hospital Oros Sindhudurg, Tal Kudal
6.	Number of vehicles and type of the vehicle.	:-	1) MH 08 AP 6047 Ashok Leyland Truck
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) Sunil Uttam Korade Adress- Burudvadi ,Shiragaon,Tal-Chipalun,Distr-Ratnagiri, Driving License- MH00820100012584 , Ratanagiri RTO
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) MH 08 AP 6047 Ashok Leyland Truck Owner-Sakharam Bajirao Palande ,Address Khed Dhamanand,Gaonthan, Dhamanand Tal-Khed Dist-Ratanagiri 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.	:-	1) MH 08 AP 6047 Ashok Leyland Truck Insu. Company – UNITED INDIA. GCV PUBLIC CARRIER OTHER THAN 3WHEELER-PACKAGE POLICY UIN. UNITED INDIA.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) MH 08 AP 6047 Ashok Leyland Truck Insu. Company – UNITED INDIA. GCV Public Carrier Other Than 3Wheeler -Package Policy UIN. . Date -20/11/2024
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no. SCC- 241/2024

Police Inspector,
kudal police station

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