# FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

## REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

| | | |
|---|---|---|
| 1 | Name of the Police Station | Sawantwadi, Dist-Sindhudurg |
| 2 | CR.NO/TAR NO/SDE NO. | CR NO- 177/2024, BNS-281,125(a)(b),M.V. Act-184, 134/187 |
| 3 | Date, Time and Place of the accident | Date - 12.09.2024<br>Time - 18:00<br>Place - Golgov Titha Near Samarth Janaral Stoare, Tal-Sawantwadi, Dist-Sindhudurg |
| 4 | Name of the Injured/Deceased | Nilesh janardhn patil Age-12 year Add-Kolgov,bhomewadi,Tal-Sawantwadi, Sindhudurg |
| 5 | Name of the Hospital to which he/she was removed. | Sub District Hospital Sawntawadi, Tal-Sawantwadi, Dist-Sindhudurg & Medical College Bambuli Goa |
| 6 | Number of the vehicles and type of the vehicle. | Undetect vehicles |
| 7 | Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge. | Undetect vehicles |
| 8 | Name of the address of the Owner of the vehicle as it stands on the date of the accident. | Undetect vehicles |
| 9 | Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | Undetect vehicles |
| 10 | Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate. | Undetect vehicles |
| 11 | Action taken, if any,and the result thereof. | A- Final Ripoprt Send to Court |

(Manoj Raut,HC-55)
Sawantwadi police station

N.B.-This form should accompany with all the necessary document viz
(1)F.I.R. (2) Panchanama, (3) Medical certificate/~~Post mortem report.~~