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	SAWANTWADI
2	CR.NO./TAR No./SDE No.	CR NO.110/2024 u/s 279,337,338 IPC r/w M.V.Act. u/s 184,134/187.
3	Date, Time and Place of the accident	Date- 06/06/2024 , Time – 10.45 hrs, Place- On the road of Goa to Mumbai Highway No.66, Nemale foujdarwadi circle, Tal-Sawantwadi, Dist-Sindhudurg.
4	Name Of the Injured/Deceased	1) Ranganath Chandrakant Parab (injured)
5	Name of Hospital to which he/she was removed	Sub-District Hospital, Sawantwadi, Dist- Sindhudurg
6	Number Of Vehicles and type of the vehicles	Honda City Motor Car (Anknown car no.)
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 Vihicle and the address of the Issuing Authority Of the said Badge	**Driver Name** – Anknown **Present Add.** – -- **Permanant Add.** – -- **Driving License No** – -- Address of the issuing authority- --
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	**Owner Name** – Anknown **Add.** – --
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 there of	The Abeted summary final report send to Court.

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

PSI

Police sub-Inspecter
Sawantwadi Police Station
Sindhudurg.