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	:-	Devgad Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO.118/2025
3.	Date, Time and place of the accident.	:-	DATE 30/07/2025 AT 22.30 PM Mond Ranevadi Tal- devgad
4.	Name of the Injured /Deceased	:-	Deceased 1) Rajendra Sadashiv Tambe age-52, R/O Mond, tal-devgad
5.	Name of Hospital to which he /she was removed.	:-	DR. Prabhu Wins Hospital Kolhapur
6.	Number of vehicles and type of the vehicle.	:-	1)Motorcycle- MH-07-AL-7145
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) Rajendra Sadashiv Tambe age-52, R/O Mond, tal-devgad Driving License-MH07-20190001523
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Rajendra Sadashiv Tambe age-52, R/O Mond, tal-devgad
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.	:-	Abated Final Submited

पोलीस निरीक्षक देवगड पोलीस ठाणे

Inspector of Police,
Devgad Police Station.
पोलीस निरीक्षक
पोलीस स्टेशन देवगड

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.