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	:-	Dodamarg Police Station
2.	CR. NO./TAR No./ SDE No.	:-	Cr. no. 07/2025, BNS-281, 125(a)(b), 106(1), 105, MV act- 184
3.	Date, Time and place of the accident.	:-	16/01/2025 , 11.15 am, kudase titha Tal-Dodamarg
4.	Name of the Injured /Deceased	:-	Prasad Tukaram Kambale R/O Morle Tal-Dodamarg
5.	Name of Hospital to which he /she was removed.	:-	1.Rural Hospital Dodamarg 2.Bambolim Goa Medical college
6.	Number of vehicles and type of the vehicle.	:-	1.GA 07 AA 5737 – TVS Jupiter 2.GA 03 T 9192 - 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. Prasad Tukaram Kambale R/O Morle Tal- Dodamarg 2. Shashikant Desai R/O Sateli Tal-Dodamarg
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. Prasad Tukaram Kambale R/O Morle Tal- Dodamarg 2. Shashikant Desai R/O Sateli Tal-Dodamarg
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	National Insurance Company ltd Laxmi Narayan Temple Mapusa Goa
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	National Insurance Company ltd Policy no. 270305/81/15/6700000701
11.	Action taken, if any, and the result thereof.	:-	The Charge Sheet sent to Court

H.B. Khopde
Inspector of Police,
Dodamarg Police Station.