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- 129/2024 BNS-281,125(a),125(b), MVAct-184,
3	Date, Time and Place of the accident	Date- 19/07/2024 Time- 10.40 Place- Satuli Bavlat tithe, On Vengurla Belgav Road ,Tal-Sawantwadi
4	Name of the Injured/Deceased	1) Noushad Mubarak Mulani, age- 31 At/po-Magdum Galli Klni, Tal-Hatkanagale, Dist- Kolhapur
5	Name of the Hospital to which he/she was removed.	1) PHC Amboli 2) Dr.D.Y.Patil Hospital & Research Institute Kolhapur
6	Number of the vehicles and type of the vehicle.	1) Tanker - MH-10-Z-2892 2) Ashok Leyland Dost- MH-12-SX-9636
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.	1) Sachin Yallapa Kambale,age-28 At/po-408, Harijan Vasti, kotyavbablad, tal-Jath, dist-Sangali D.L.NO- MH-10 20150026357 Issuing authority- MH-10 2) Noushad Mubarak Mulani, age- 31 At/po-Magdum Galli Klni, Tal- Hatkanagale, Dist- Kolhapur D.L.NO- MH-09 20230006335 Issuing authority- MH-09
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Ramsing Hanmantsing Rajput At/po-Jayhind Colony Near Swami Samarth Mandir, Vishrambagh Sangali, Tal-Miraj. Dist-Sangali 2) Urmila Tukaram Sudrik Khanve nagar Near Godwan Wagholi Tal-Haveli, Pune
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) United India Insurance Company Ltd Rajashri Shahu Sadan Station road Shahupuri Kolhapur-416001 2) Reliance genral Insurance
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Policy No. 1605003123P116612226 Period - 16/03/2024 to 15/03/2025 2) Policy no. 110522323340063933 Period - 20/11/2023 to 19/11/2024
11	Action taken, If any,and the result thereof.	The Charge sheet Send to Court

(Amol Chavan)
POLICE INSPECTOR
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.