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.196/2025
3.	Date, Time and place of the accident.	:-	DATE 27/11/2025 AT 19.55 PM Torsole fhata Tal- devgad
4.	Name of the Injured /Deceased	:-	Injured - 1)Tushar jetendra Lalka, age-20, R/O Shirgav, tal-devgad Deceased 2) Mandar Rajendra Malvade age-37, R/O Shirgav, tal-devgad
5.	Name of Hospital to which he /she was removed.	:-	Sub- Dstrict Hospital Kankavli
6.	Number of vehicles and type of the vehicle.	:-	1)Suzuki Access- MH-07-AT-1263
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) Mandar Rajendra Malvade age-37, R/O Shirgav, tal-devgad Driving License-MH07-20170007204
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Mandar Rajendra Malvade age-37, R/O Shirgav, 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.	:-	1)Go Digit General Insurance Company Limited
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)D183091205/16012025
11.	Action taken, if any, and the result thereof.	:-	Abated Final Submited

पोलीस निरीक्षक देवगड पोलीस ठाणे

Inspector of Police
Devgad 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.