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.143/2026 BNS-106(1),125(a)(b),281, 324(4), Mv act-184
3.	Date, Time and place of the accident.	:-	22/07/2026 at 15.30 pm, Matane Kata Tal-Dodamarg
4.	Name of the Injured /Deceased	:-	1. **Deceased** Dipak Rajaram Harmalkar Age-54 R/O Kebarwada Bicholim Goa 2. **Injured**- Ganu Usapkar R/O Kebarwada Maye Bicholim Goa 3.Jairam Shirodkar R/O Vazare Dodamarg 4.Rama Suresh Gawas R/O Vazare Dodamarg
5.	Name of Hospital to which he /she was removed.	:-	---
6.	Number of vehicles and type of the vehicle.	:-	1. GA 04 R 8923 - Activa 2. GA 03 AN 6600 - Kawasaki Z 900
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. Ganu Usapkar R/O Kebarwada Maye Bicholim Goa License- GA04 20190000578 2.Dhiraj Himmatram Bhati R/O- Marshel tal-Phonda Goa License- MH 20260002414
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1. Ganu Usapkar R/O Kebarwada Maye Bicholim Goa 2. Dhiraj Himmatram Bhati R/O- Marshel tal-Phonda Goa
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1. ICICI Lombard Insurance co.LTD.- 2. TATA AIG General Insurance co.LTD.-
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1. GA 04 R 8923 Policy no. 2. GA 03 AN 6600 Policy no-
11.	Action taken, if any, and the result thereof.	:-	The Charge Sheet sent to Court

H.B. Khopde

Inspector of Police,

Dodamarg Police Station.

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