# FORM COMP AA

[See Rules 253 ©, 254 (c ) (iii) , 254 (80 255 (1) (iv) ]

**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

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| 1. | Name of the Police Station | :- | Dodamarg Police Station |
| 2. | CR. NO./TAR No./ SDE No. | :- | CR NO. 138/2025, BNS-106(1),281, 125(a)(b),MV ACT-184,3(1),181,146,196 |
| 3. | Date, Time and place of the accident. | :- | 19/07/2025, 20.00 pm, Matne, near Dev Purvachari Temple, Tal- Dodamarg |
| 4. | Name of the Injured /Deceased | :- | Yogesh Atamaram Manerkar R/O- Matne Bharadwadi, Tal-Dodamarg |
| 5. | Name of Hospital to which he /she was removed. | :- | 1. Medical college Bombolim Goa , 2.Community health center Sakhali Goa |
| 6. | Number of vehicles and type of the vehicle. | :- | Hero Splender pro -MH-07-U8980 |
| 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. | :- | Harishchandra Ankush Gawas R/O Ambadgaon, Tal-Dodamarg |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | Harishchandra Ankush Gawas R/O Ambadgaon, 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. | :- | NO insurance |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | :- | NO insurance |
| 11. | Action taken, if any, and the result thereof. | :- | The Charge Sheet sent to Court |

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Inspector of Police,

Dodamarg Police Station.