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	:-	kankavali
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 28/2025, BNS-106(1),125(a),125(b), 281 M.V.ACT-184,185
3.	Date, Time and place of the accident.	:-	Date-13/02/2025 TIME-19.30 Place- Vagade, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Deceased -Daksh Jadhav,Age-10, A/P-Halval,Tal-Kankavali Injured-Sonali Jadhav,Age-29,A/P-Halval,Tal-Kankavali
n	Name of Hospital to which he /she was removed.	:-	Goa Medical College,Goa
6.	Number of vehicles and type of the vehicle.	:-	Truck-KA 22 C 0882 Scooty- MH 03 CJ 8043
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.	:-	Sonali Jadhav,Age-29,A/P-Halval,Tal-Kankavali (Scooty- MH 03 CJ 8043) Ekbal Abdul Bek,Age-55,A/P-Chandagdh,Dist-Kolhapur (Truck-KA 22 C 0882) License.- The union of india maharashtra state Motor driving licence License No.-MH0920100060188 Issuing Authority-MH09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Husen Sab Embrahim Sab Gokak.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	ICICI Lombard Nibhaye Vade,Mumbai
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance	:-	Policy No.-3003/A/355548525/00800 Date-10/08/2024 To 09/08/2024

	Policy/Insurance Certificate.		
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court

Inspector of Police,

kankavali 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.