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.09/2026
3.	Date, Time and place of the accident.	:-	DATE 15/02/2026 AT 17.00 PM Baparde yethil yeshichi vhali, Tal- devgad
4.	Name of the Injured /Deceased	:-	Deceased - Sagar Fulu Chavhan, age-23 , R/O Palsamb achara, tal malvan
5.	Name of Hospital to which he /she was removed.	:-	Rural Hospital devgad
6.	Number of vehicles and type of the vehicle.	:-	1) Bolero Pickup - MH-07-AJ-3439 2) Motorsycle- KA-28-EJ-6344
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) Pramod shivram Palekar R/O Vaghotan, tal-Devgad Driving License-MH07-20090004893 2) Sagar Fulu Chavhan, age-23 , R/O Palsamb achara, tal malvan
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Pramod shivram Palekar R/O Vaghotan, tal-Devgad 2) Narayan denu Chavhan, R/O vijayapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)The Oriental Insurance Company Limited 2) Reliance General Insurance Company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)161609/31/2025/2222 2) COI260202194534829268904 5
11.	Action taken, if any, and the result thereof.	:-	Abated Final Submited

पोलीस निरीक्षक देवगड पोलीस स्टेशन

Inspector of Police.
पोलीस निरीक्षक
Devgad Police Station.
पोलीस स्टेशन देवगड

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.