FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Kankavali Police Station
2	CR.NO Section	गु.र.नं.59/2026 **भारतीय न्याय संहिता 2023 चे कलम** 281, 125(a), 125(b), 106(1) **सह मोटारवाहन अधिनियम** 1988 **चे कलम** 184, 39/192, 56/192, 158/192, 3/181 **प्रमाणे**
3	Date, Time and Place of the accident	Date- दिनांक 18/03/2026 रोजी 21.45 वाजताच्या सुमारास गोवा मुंबई हायवेवर लेनवर बौध्दवाडी जानवली, ता.कणकवली, जि. सिंधुदुर्ग.
4	Name Of the Deceased	अनिल सींग गौंड वय-३३ रा.गोवळण ता.देवगड मुळ राहणार दलपातपुर ता.तेंदुखेडा जि.दमोह राज्य-मध्यप्रदेश
5	Name of Hospital to which he/she was removed	उपजिल्हा रुग्णालय कणकवली
6	Number Of Vehicles and type of the vehicles	1 मोटार सायकल No - MH 01 D 9286
7	Name and address of the Driver of the vehicle with particulars or Driving License of the saod driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge	Driver Name - अनिल सींग गौंड वय-३३ Add :- रा.गोवळण ता.देवगड मुळ राहणार दलपातपुर ता.तेंदुखेडा जि.दमोह राज्य-मध्यप्रदेश Driving License No- नाही
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	MRS. अनिल सींग गौंड Age- -वय-३३ **Present Add-** रा.गोवळण ता.देवगड मुळ राहणार दलपातपुर ता.तेंदुखेडा जि.दमोह राज्य-मध्यप्रदेश **Permenant Add-** राहणार दलपातपुर ता.तेंदुखेडा जि.दमोह राज्य-मध्यप्रदेश
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company	1) Policy No. नाही 2) Period of Policy - नाही 3) Name of Insurance Company - जुनी गाडी वीमा काढलेला नाही
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	- 4) नाही
11	Action taken,, if any, and the result there of	गुन्ह्याचे दोषारोप पत्र मा. न्यायालयात दाखल करण्यात आलेले आहे. Inspecter of Police Kankavali Police Station