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	:-	sawantwadi
2.	CR. NO./TAR No./ SDE No.	:-	CR NO 13/2025 BNS 281, 125 (A), 125 (B) M.V. ACT 184
3.	Date. Time and place of the accident.	:-	08/01/2025 17.20 pm
4.	Name of the Injured /Deceased	:-	Shankar Ragho chuvhan, age -74 year. A/P Shramwihar colony. Saliwada. tal - sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	Sub divisional Sawantwadi hospital and goa bamboli medical collage state goa
6.	Number of vehicles and type of the vehicle.	:-	Activa 5G No-MH 07 AJ. 6750
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.	:-	Mr. Anant Khema Rawool, age -25 year. A/P Madkhol,Dungewadi, tal - sawantwadi
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Mr. Anant Khema Rawool, age -25 year. A/P Madkhol,Dungewadi, tal - sawantwadi
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.	:-	CR NO 13/2025 BNS 281, 125 (A), 125 (B) M.V. ACT 184 Rejister

(Anil Dhuri)

He/174, Sawantwadi 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.