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	Kankavli police station
2.	CR. NO./TAR No./ SDE No.	कणकवली पोलीस ठाणे गुन्हा रजि. नं. 82/2026 भा.न्या.सं कलम 106(1), 125(ए), 125(बी), 281 सह मो.वा कायदा कलम 3.181,184 प्रमाणे
3.	Date, Time and place of the accident.	दिनांक 22/04//2026 रोजी 01.00 वा.चे सुमारास
4.	Name of the Injured /Deceased	A) **मयत व्यक्ती व त्याच्या वारसांची नांवे** :- नाव- सुकर शिवनाथ प्रसाद, वय- 42 वर्षे पत्ता :- सध्या रा.मौजे जानवलीख कणकवली, जि-सिंधुदुर्ग, मुळ रा. खजुरी, तिवारी टोला, ता.ससमुसा, जि-गोपाळगंज, बिहार, मोबाईल नं. :- उपलब्ध नाही B) **वारसदार यांची नावे** नाव- बिंदुदेवी सुकर प्रसाद, वय-40 वर्षे पत्ता :- रा. खजुरी, तिवारी टोला, ता.ससमुसा, जि-गोपाळगंज, बिहार, मोबाईल नं. :- 6931204078
5.	Name of Hospital to which he /she was removed.	उपजिल्हा रुग्णालय, कणकवली व शासकीय वैद्यकीय महाविदयालय व जिल्हा रुग्णालय ओरोस
6.	Number of vehicles and type of the vehicle.	01-दुचाकी (MH 07 M 2522)
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.	01-दुचाकी (MH 07 M 2522) चालक- सुकर शिवनाथ प्रसाद, वय- 42 वर्षे पत्ता :- सध्या रा.मौजे जानवलीख कणकवली, जि-सिंधुदुर्ग, मुळ रा. खजुरी, तिवारी टोला, ता.ससमुसा, जि-गोपाळगंज,बिहार, मोबाईल नं. :- उपलब्ध नाही, लायसन्स नं - नाही
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	01-दुचाकी (MH 07 V 5415) मालक-दिपक म कारेकर, पत्ता :- रा.घोणसरी, खवले भाटले, ता. कणकवली, जि.सिंधुदुर्ग, मोबाईल नं. :- 9404903186
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	ORIENTAL INSURANCE COMPANY LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	161690/31/2014/8078
11.	Action taken, if any, and the result thereof.	-

Inspector of Police,

Kankavli....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.