FORM COMP AA

(sen rule 25[illegible] - 2[illegible]4 [illegible]34180255(1)(i[illegible]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi
2	CR NO/TAR NO/SDE NO.	CR NO-120/2025, BNS 281,125(a)(b), MVAct 184
3	Date, Time and Place of the accident	Date 26.06.2025 Time- 10.45 Place Sawantwadi Amboli Rod Dhavadaki Vardam Dukan,Tal Sawantwadi
4	Name of the Injured/Deceased	Sharvari Srikrushna Aarondekar Age 18, Add-Devasu, Tal-Sawantwadi
5	Name of the Hospital to which he/she was removed.	Medical College bambali Goa, State-Goa
6	Number of the vehicles and type of the vehicle	ST Bus No MH-20-BL- 1833
7	Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	Sachin vananda Kambale Age 42 year. Add- Ajara Kolhapur D L NO- MH09 20090045641 Issuing authority MH09
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident	ST Mahamandal (Maharastara Sarkar)
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-----
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate	----
11	Action taken, if any,and the result thereof.	Chargesheet Send To Court

(Santosh Galole, HC-953
Sawantwadi police station