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 POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR.NO.227/2024,IPC - 279,125(B),324(3) MVA-184
3.	Date, Time and place of the accident.	:-	Date – 10/11/2024 Time – 03.15 Place- A/P AMBOLI TAL-SAWANTWADI, DIST - SHINDHUDURG AMBOLI GHAT VENGURLA - BELGON ROAD
4.	Name of the Injured /Deceased	:-	SOUDHAGAR DHONDIBA WAGH (Injured)
5.	Name of Hospital to which he /she was removed.	:-	PRIMARY HEALTH CENTRE AMBOLI
6.	Number of vehicles and type of the vehicle.	:-	EICHER PRO 2110 H HSD REGN NO. MH-07-AJ-6691
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.	:-	SAUDAGAR DHONDIBA WAGH R/O-AMBEJEAWALGA TQ & DIST OSMANABAD - 413501 License No.- MH25 20130012987 Issuing Authority- MH 25
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.BHAGVAN SITARAM GURAV , A/P 300 VASOLI SHEDGEWADI KUDAL TAL KUDAL SHINDHUDURG MH 416519
9.	Name and 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.	:-	1.Policy no. -- Period of Insurance- --
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station