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	:-	Dodamarg Police Station
2.	CR. NO./TAR No./ SDE No.	:-	Cr.no. 01/2025 BNS-281,125(a)(b),34)(2), MV act-3,181,184,185
3.	Date, Time and place of the accident.	:-	01/01/2025,19.00 pm, Dodamarg Border Checkpost Tal- Dodamarg
4.	Name of the Injured /Deceased	:-	1.Rajaram Bebo Kambale R/O Maneri Gautamwadi Tal-Dodamarg 2.Mahesh Ebrampurkar R/O -Ebrampur Goa
5.	Name of Hospital to which he /she was removed.	:-	1.Primary Health Centre Sateli-Bhedshi 2.Bambolim Goa Medical college
	Number of vehicles and type of the vehicle.	:-	1.MH 07 AK 4639 Honda Activa 2.MH 07 AM 2390 Suzuki Access
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.	:-	1.Rajaram Bebo Kambale R/O Maneri Gautamwadi Tal-Dodamarg 2.Mahesh Ebrampurkar R/O -Ebrampur Goa
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.Bhojraj Ramchandra kadam R/O Kunkeri Tal-Sawantwadi 2.Mahesh Ebrampurkar R/O -Ebrampur Goa
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The Oriantal Insurance Company ltd. Panjim Market Panjim Goa 403001
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	The Oriantal Insurance Company ltd. Policy no-131800/31/2025/1747 Valid-10/07/2025
11.	Action taken, if any, and the result thereof.	:-	The Charge Sheet sent to Court

H.B. Khopde
Inspector of Police,
Dodamarg Police Station.