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	:-	Kankavali Police Station
2.	CR. NO. TAR No./ SDE No.	:-	CR NO 150/2025 BNS-125(a),125(b), 281,,M.V.Act 184.
3.	Date, Time and place of the accident.	:-	Date -- 12/06/2025 Time 15.30 Place- Punam Hotel Phonda, Taf-Kankavali , Dist-Sindhudurg
4.	Name of the Injured /Deceased	:-	**Injured - 1)** Dinesh Prakash Bedge...A/P- Dindnerh. Tal- karveer, Dist – Kolhpur
5.	Name of Hospital to which he /she was removed,	:-	Tulif Hospital.Kolhapur
6.	Number of vehicles and type of the vehicle.	:-	**Truck**- KA 23 A 6345 **Truck** -Mh 09 BC 4477
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) Dinesh Prakash Bedge,..A/P- Dinnerli Tal- karveer. Dist Kolhpur. **Driving License – MH09 20090050088** **Issuing Authority- MH 09** **2) Omkar Shivanand Udagathi,Age 21, A/P -Shirgao.Tal-Chikudi.Dist- Belgao State-Karnataka** **Driving License-KA23 20220003751** **Issuing Authority – RTO Chikudi KA23**
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Dinesh Prakash Bedge, A-P- Dindnerli Tal-karveer. Dist - Kolhpur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Motor Commercial Vehicle Package Police-For Goods Carrying Vehicles Chola MS General Insurance. **Divisional Office – Head Office Dare Hoiuse 2nd Floor No.02 N.S.C Bose Road,Chennai-600001 India.**

10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	**Number of Insurance Policy NO-3379/0401/000/00** **Date of Validity-10/08/2024 To 09/08/2025.**
11	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent To Court.

Inspector of Police.
Kankavali 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.