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
2.	CR. NO./TAR No./ SDE No.	:-	CR No. 02/2025, BNS-106(1),125(a),125(b), 281 M.V.ACT-184,128(1)/177
3.	Date. Time and place of the accident.	:-	Date-02/01/2025 TIME-00.10 Place- Kankavali, Tal-kankavali
4.	Name of the Injured/Deceased	:-	Deceased -Sanjog Shridhar Sawant,Age-36. A/P-Kankavali,Tal-Kankavali Injured-Mahesh Gangaram Chougale,Age-28,A/P-Vagade,Tal-Kankavali
n	Name of Hospital to which he /she was removed.	:-	Sub District Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Hero Passion Pro-MH 07 Z 0771
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.	:-	Sanjog Shridhar Sawant,Age-36. A/P-Kankavali,Tal-Kankavali (Hero Passion Pro-MH 07 Z 0771) License.- The union of india maharashtra state Motor driving licence License No.-MH0720140009294 Issuing Authority-MH07
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Mahesh Gangaram Chougale,Age-28,A/P-Vagade,Tal-Kankavali
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Go digit General Insurance Ltd.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No.-D144507952/2004202-4 Date-21/04/2024 To 20/04/2025
11.	Action taken, if any, and the result thereof.	:-	The charge sheet sent to court