FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO-18/2026 BNS- 281, 125 (a)(b), MVAct-134,184
3	Date, Time and Place of the accident	Date- 21/01/2026 Time- 21.37 Place- Sawantwadi- smajmandir samor saliwada Sawantwadi to banda Rod Tal-Sawantwadi
4	Name of the Injured/Deceased	Amvita aapaji sawant Age 57year Add- saliwada Sawantwadi tantraniketan topiwala collej samor laxsumi complex bilding Tal-Sawantwadi
5	Name of the Hospital to which he/she was removed.	Sub DivisinaolHospital Sawntawadi, Dist-Sindhudurg ,
6	Number of the vehicles and type of the vehicle.	One – unnon vehicle.
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.	One – unnon vehicle.
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	One – unnon vehicle.
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	One – unnon vehicle.
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	One – unnon vehicle.
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Mahesh Jadhav , HC-91)
Sawantwadi police station

N.B.-This form should accompany with all the necessary document viz (1)F.I.R. (2) Pancl.anama, (3) Medical certificate/~~Post mortem report.~~