# FORM COMP AA

[See Rules 253 ©, 254 (c ) (iii) , 254 (80 255 (1) (iv) ]

**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

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| 1. | Name of the Police Station | :- | Dodamarg Police Station |
| 2. | CR. NO./TAR No./ SDE No. | :- | Cr.no.157/2026 BNS-125(a),281, Mv act-184,134(A)(B) |
| 3. | Date, Time and place of the accident. | :- | 08/09/2026 at 07.45 pm, Kalne River Bridge Tal-Dodamarg |
| 4. | Name of the Injured /Deceased | :- | 1. **Injured-** Sharad pandurag Naik age-64 R/O- Aadali - Phondye Tal-Dodamarg |
| 5. | Name of Hospital to which he /she was removed. | :- | Medical College Bambolim Goa |
| 6. | Number of vehicles and type of the vehicle. | :- | 1. GA 07 AD 7158 -KTM Duke |
| 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. Aatmaram Suresh Aaeer age-34 R/O- Math Kankewadi Tal-Vengurla License- MH07 20129900888 |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | 1. Aatmaram Suresh Aaeer age-34 R/O- Math Kankewadi Tal-Vengurla |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | :- | 1. New India Insurance co.LTD.- |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | :- | 1. GA 07 AD 7158 Policy no.S2603291547284206 |
| 11. | Action taken, if any, and the result thereof. | :- | The Charge Sheet sent to Court |

H.B. Khopde

Inspector of Police,

Dodamarg Police Station.