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- 66/2024 Ipc - 279, 427 MVAct-184, 134
3	Date, Time and Place of the accident	Date- 02/04/2024 Time- 09.40 Place- mathewada to salaiwada road satelkar pohe mile tal sawantwadi
4	Name of the Injured/Deceased	-
5	Name of the Hospital to which he/she was removed.	-
6	Number of the vehicles and type of the vehicle.	1) Maruti Wagonr number - MH-07-ag-7664 2) Bullet bike number MH-07-ak-1711
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.	1) Pundalik dhaklu dalvi[age 44 years at post mathewada, sawantwadi tal sawantwadi 2) Kaustubh shrinath naik, age 26 years at post salaiwada, tal sawantwadi
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Pundalik dhaklu dalvi[age 44 years at post mathewada, sawantwadi tal sawantwadi 2) Kaustubh shrinath naik, age 26 years at post salaiwada, tal sawantwadi
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) Bullet bike number MH-07-ak-1711 Go digit general insurance ltd
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Bullet bike number MH-07-ak-1711 Go digit general insurance ltd D142510573/02042024 Date - 02/04/2025
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Mahesh k. Jadhav, HC/91)
Sawantwadi 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.~~