# 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 | :- | sawantwadi |
| 2. | CR. NO./TAR No./ SDE No. | :- | CR NO 194/2024 BNS 281,106(1), 125 (A), 125 (B) M.V. ACT 3(1) 181 |
| 3. | Date, Time and place of the occurrence. | :- | 28/09/2024 14.00 pm |
| 4. | Name of the Injured /Deceased | :- | Nikita Jaywant Kudtarkar. Age- 55 year. A/P Near by Kolgaon Maruti Mandir. Tal-sawantwadi |
| 5. | Name of Hospital to which he /she was removed. | :- | Sub divisional Sawantwadi hospital and goa bamboli medical collage state goa |
| 6. | Number of vehicles and type of the vehicle. | :- | Destini Prime No-MH 07 AT 6086 |
| 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. | :- | Mr. Jaywant Sadanand Kudtarkar age -65 year. A/P Near by Kolgaon Maruti Mandir. Tal sawantwadi |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | Mr. Sadanand Shridhar Mundaye, A/P Bhomwadi, Kolgaon, House no 596 , Tal - sawantwadi |
| 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 – D148296693 21/05/2024 to 20/05/2029 |
| 11. | Action taken, if any, and the result thereof. | :- | Chargesheet send to court |

(Anil Dhuri )

Hc/174, 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.