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- 273/2024 U/S 281, 125 (A), 352, 351 (2) MUACT 134, 187, 184, 146/196, 190 (2)
3	Date, Time and Place of the accident	Date- 24/04/2024 Time- 12.00 Place- SAWANTWADI TO REDI NEAR NIRAVDE ZARBAJAR ST STOP
4	Name of the Injured/Deceased	SANKAR BHAGWAN SAWANT, AGE 70 YEARS, AT POST NIRAWADE BHANDARWADI TAL SAWANTWADI (INJURED)
5	Name of the Hospital to which he/she was removed.	-
6	Number of the vehicles and type of the vehicle.	HERO POSSION BYKE NO MH-07-AF-7972
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.	SONU VISHWAS DHAUSKAR, AGE 22 YEARS, AT POST NHAWELI, DHAUSWADI, TAL SAWANTWADI
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	SONU VISHWAS DHAUSKAR, AGE 22 YEARS, AT POST NHAWELI, DHAUSWADI, 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.	NIL
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	NIL
11	Action taken, if any,and the result thereof.	The CHARGSHEET Send to Court
		(H. C. DHOTRE, HC/352) 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.~~