FORM COMP AA

(see nuls 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- 163/2024 us/281 muact 184
3	Date, Time and Place of the accident	Date- 28/08/2024 Time- 13.30 Place- Mumbai to goa road near by kolgav maruti mandir
4	Name of the Injured/Deceased	No Injury
5	Name of the Hospital to which he/she was removed.	No Hospitlise
6	Number of the vehicles and type of the vehicle.	3) St Bus number - MH-14-BT-1906 4) ST BUS NUMBER - MH-20-BL-2140
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) St Bus number - MH-14-BT-1906 DRIVER - DEVENDRA RAVINDRA PATNE, AGE 33 YEARS, AT POST GHAWNALE, KHALCHIWADI, TAL KUDAL D.L.NO - MH07 20090001521, Issuing Authority: – SINDHUDURG 2) ST BUS NUMBER - MH-20-BL-2140 DAJI RAGHO BHAT, AGE 54 YEARS, AT POST HARKUL BUDRU KAWLIWADI TAL KANKAVLI D.L.NO - MH07 19900001459 Issuing Authority : - SINDHUDURG
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1)St Bus number - MH-14-BT-1906 2) ST BUS NUMBER - MH-20-BL-2140 1 AND 2 ST DEPO SAWANTWADI
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	No Insurance No Insurance
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) No Insurance 2) No Insurance
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(s.s. patil hc/1005)
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~~.