FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	devgad police thane
2.	CR. NO./TAR No./ SDE No.	:-	cr no 48/2026
3.	Date, Time and place of the accident.	:-	date-29/04/2026 at 18.20 pm Torsole phata-SH116, tal-devgad
4.	Name of the Injured /Deceased	:-	Suresh Ramchandra naike age 50 yrs R/O devgad college road, samrtha plaza tal-devgad
5.	Name of Hospital to which he /she was removed.	:-	nagvekar Hospital kankavli
6.	Number of vehicles and type of the vehicle.	:-	01) Auto Rickshaw no. MH-07-AH-5751 02) tata sumo no- MH-07-Q-1460
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) Suresh Ramchandra naike, age 50 yrs, R/O devgad college road, samrtha plaza, tal-devgad License no-MH09-20090016297 2) Rajendra pandharinath parkar, age 64, R/O arefata tal-devgad
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Suresh Ramchandra Naike age 50 yrs, R/O devgad college road, samrtha plaza tal-devgad 2) Rajendra Pandharinath Parkar, age 64, R/O arefata tal-devgad
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) MAGMA General Insurance Company LTD 2) Oriental Insurance Co.LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) P0026200003/4103/101080 2)161609/31/2025/2813
11.	Action taken, if any, and the result thereof.	:-	chargesheet submit

पोलीस निरीक्षक
Officer in Charge
Devgad Police Station
देवगड पोलीस ठाणे

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.