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- 272/2024, BNS-281,125(a),125(b), 342(2), MVAct-184,
3	Date, Time and Place of the accident	Date- 22/12/2024 Time- 17.00 Place- Amboli Ghat, Near Hotel Tanvi, Kumbheshwarwadi, On Venurla belgao road, Tal-Sawantwadi
4	Name of the Injured/Deceased	1) Chandrakant Sahadev Chavan, age- 44 At/po-Mhapan Chavanwadi, Tal-Vengurla, Dist-sindhudurg 2) Vijay Shankar Pednekar, age-61 At/po-Mhapan Chavanwadi, Tal-Vengurla, Dist-sindhudurg
5	Name of the Hospital to which he/she was removed.	1) Sub District Hospital Sawantwadi 2) Sindhu care Hospital Kudal
6	Number of the vehicles and type of the vehicle.	1) Hero Honda passion pro- MH-07-Z-5447 2) Mahindra XUV-500- MH-07-Q-7946
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 Authority 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) Chandrakant Sahadev Chavan, age- 44 At/po-Mhapan Chavanwadi, Tal-Vengurla, Dist-sindhudurg D/L- no- MH-07 20090006910 Issuing authority- MH-07 2) Murar Dadaji Prabhu, age-72 At/po- Pat, parabwada, tal-vengurla, Dist-Sindhudurg D/L- no- MH-07-20000001305 Issuing authority- MH-07
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Chandrakant Sahadev Chavan, age- 44 At/po-Mhapan Chavanwadi, Tal-Vengurla, Dist-sindhudurg 2) Mahendra Murar Prabhupatkar At/po- Pat, parabwada, tal-vengurla, Dist-Sindhudurg
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) Vehicle no.1 has no Insurance Policy 2) Vehicle no.2 has no Insurance Policy
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Vehicle no.1 has no Insurance Policy 2) Vehicle no.2 has no Insurance Policy
11	Action taken, If any,and the result thereof.	The Chargesheet Send to Court

(Amol Chavan)
POLICE INSPECTOR
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~~.