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	:-	SAWANTWADI POLICE STATION
2.	C.R. NO./TAR No./ SDE No.	:-	CR.NO.97/2025, BNS- 281,MVA-184
3.	Date, Time and place of the accident.	:-	Date – 14/05/2025 Time – 1.45 Place- At-Amboli Ghat Nanapani, Banda to Sankeshwar NH, Tal- Sawantwadi, Dist- Sindhudurg
4.	Name of the Injured /Deceased	:-	Nil
5.	Name of Hospital to which he /she was removed.	:-	Nil
6.	Number of vehicles and type of the vehicle.	:-	1) ST BUS – MH-14-KQ-1734 2) Mahindra Bolero Pick Up - MH-08-AP-1734
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) Bhimrao Bapurao Kadam, age- 45 At/po- Sawantwadi Khaskilwada, Tal-Sawantwadi Dist- Sindhudurg License no.MH-07 20110007977 Issuing Authority- MH-07 Badge no- 20673 2) Ankit Sameer Soy, age- 29 At/po- Shantinagar, Ratnagiri, tal-Ratnairi, Dist- Ratnagiri License no.JH-09 20160l020066 Issuing Authority- JH-09
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Maharashtra stata transport dept Depo- Sawantwadi 2) Anuradha Prakash Shendye At/po- H/no.348, Bhatwadi, Khalgaon Ratnagiri Dist- Ratnagiri
9.	Name and 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 2) Go Digit general insurance Ltd
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 2) Policy no- D153469973/15092024 Period – 16/09/2024 to 15/09/2025
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent to Court

(Amol Chavan)
Police Inspector
Sawantwadi Police Station