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		-	Kudal
2.	CR. NO./TAR No / SDE No.		-	**251/2026**
3.	Date, Time and place of the accident.		:-	Date 18.07.2026 at07.45 hrs At- Khanmohalla Zarap, Sawantwadi to kudal Road Tal- Kudal ,Dist-sindhudurg
4.	Name of the Injured / Deceased		:-	1 Pandurang Shridhr Naik Age- 54 yrs (Injured)
5.	Name of Hospital to which he /she was removed.		:-	1) Sub District Hospital Sawantwadi Tal-Sawantwadi, Dist-sindhudurg
6.	Number of vehicles and type of the vehicle.		:-	**1) MH 07 AG 6538 Renault Kwid RXT** **2) MH 13 CU 8729 ST Bus**
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) MH 07 AG 6538 Renault Kwid RXT** **Name -** Pandurang Shridhr Naik Age- 54 yrs Address- At. Luxminagr,Sawantwadi Tal-Sawantwadi, Dist- Sindhudurg Parmanunt Adress-Nerur Panchshilnagar Tal-Kudal ,Dist- Sindhudurg **Driving License –** MH0720000002657 RTO -sindhudurg **2) MH 13 CU 8729 ST Bus** **Name-** Amol Babarao Kulsange **Age- 37 yrs** Parmanunt Address- AT- Neharu Word no 2 Tal-Chimur,,dist-chandrapur , Present Adress- Sabaniswada Sawantwadi Tal- Sawantwadi , Dist- Sindhudurg **Driving License – MH3420100018882 RTO- Chandrapur**
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.		:-	**1) MH 07 AG 6538 Renault Kwid RXT** **Name –** Samiksha Pandurang Naik Age- 54 yrs Address- At. Luxminagr,Sawantwadi Tal-Sawantwadi, Dist- Sindhudurg Parmanunt Adress-Nerur Panchshilnagar Tal-Kudal ,Dist- Sindhudurg **Driving License – Paper not Avilable** **2) MH 13 CU 8729 ST Bus** **Name- Sawantwadi ST Depo** Address- AT- Sawantwadi, Dist- Sindhudurg **Driving License - Paper not Avilable**
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.		:-	**1) MH 07 AG 6538 Renault Kwid RXT** Insu. Company - The New India Assurance Co LTD AT--M.G.Road Fort,Mumbai 400001 Policy No 17060131250100003733 **2) MH 13 CU 8729 ST Bus** Insu. Company – **Paper not Avilable** Policy No- ---- **Paper not Avilable**
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		:-	**1) MH 07 AG 6538 Renault Kwid RXT** Insu. Company The New India Assurance Co LTD Policy No 17060131250100003733 Date -06.12.2025 to 05.12.2026 **2) MH 13 CU 8729 ST Bus** Insu. Company – - **Paper not Avilable** Date --
11.	Action taken, if any, and the result thereof.		:-	Chargesheeted Court case no – **SCC 419/2026 Date 01/09/2026**

Police Inspector
kudal police station

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