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-162/2024, BNS-281,324(3),324(4), M.V.Act-184
3	Date, Time and Place of the accident	Date - 24.08.2024 Time - 09:00 Place - Kolgov Bhomwadi, Tal-Sawantwadi
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.	1) ST BUS NO- MH 14- BT - 3357 2) ST BUS NO- MH 14- BT - 1807
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) Chandrakant Pandurang Borate, Age-39 year Add- Lonavir Tal-Sangola Dist-Solapur D.L.NO- MH01 20070100171 Issuing authority- MH01 2) Sushant Satyavan Dhuri , Age-38 year Add- Wadivarwade Tal-Kuadal, Dist-Sindhudurg D.L.NO- MH 07 20050002433 Issuing authority- MH07
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) S.T. Mahamandal, maharastra State 2) S.T. Mahamandal, maharastra State
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) Goverment vehicle (S.T.BUS) 2) Goverment vehicle (S.T.BUS)
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) Goverment vehicle (S.T.BUS) 2) Goverment vehicle (S.T.BUS)
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Manoj Raut,HC-55)
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.~~