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	:-	Kankavali Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO.96/2024 IPC 304(a),279,338,337,M.V.Act 184
3.	Date, Time and place of the accident.	:-	Date -20/03/2024 Time -19.30 Place-Kanedi,Tal-Kankavali
4.	Name of the Injured /Deceased	:-	Deceased - Anjali Arjun Dalvi,Age-65.A/P-Punalwadi,kanedi,Tal-Kankavali Injured- Vinayak Ramchandra Dalvi.Age-55. A/P-Punalwadi,kanedi,Tal-Kankavali
5.	Name of Hospital to which he /she was removed.	:-	Goa Medical College.Goa Nevare Hospital,Kankavali
6.	Number of vehicles and type of the vehicle.	:-	Riksha- MH 07 AH 2237
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.	:-	Vinayak Ramchandra Dalvi,Age-55. A/P-Punalwadi,kanedi,Tal-Kankavali (Riksha- MH 07 AH 2237) Driving License No-MH07 20020002682 Issuing Authority-MH07
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Vilas Vijay Sawant,A/P-PhondaGhat.Tal-Kankvali (Riksha- MH 07 AH 2237)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NO
11.	Action taken, if any, and the result thereof.	:-	The Chargesheet Sent To Court.

Inspector of Police,
Kankavali 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.