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-211/2024,BNS-281,125(a)(b),324(2), M.V. Act-184
3	Date, Time and Place of the accident	Date - 23.10.2024 Time - 16:20 Place - Majgov Tambaigothan, Tal-Sawantwadi, Dist-Sindhudurg
4	Name of the Injured/Deceased	1) manoj Mahadev Rane, Age- 60 year 2) Vilas Dhondiba patil, Age- 65 year 3) Babu Dadu Shinde, Age- 67 year 4) Shridatta Tanaji Kharade, Age- 30 year 5) Deepak Chandrakant Sawant, Age- 46 y 6) Bharat Balkrushna Khbaragade, Age-53 7) Nandkishor Vasant Sarang Age- 68 year 8) Ashish Arun Sawant, Age- 25 year 9) Pradip Ganu Chavan, Age- 46 year 10) Vishnu Gopal Mestri, Age- 62 year 11) Vijaya Vinay Walake, Age- 38 year 12) Sanika Deepak Kambale, Age- 21 year 13) Liladhar Kailas Choudhri Age- 41 year
5	Name of the Hospital to which he/she was removed.	No- 1 to 12 - Sub District Hospital Sawntawadi, Tal- Sawantwadi, Dist-Sindhudurg No - 13 - Medical College Bambuli Goa & Indoor
6	Number of the vehicles and type of the vehicle.	1) EICHER NO- CG 07/CJ2689 2) ST BUS NO- MH 13- CU - 8430
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) Liladhar Kailas Choudhri Age- 41 year Add- Manpur , Tal-Ambedkarnagar, Dist-Indoor, State-Madhypradesh D.L.NO- MP09 2010057352 Issuing authority- RTO Indoor 2) Pravin Bhalchandra Achrekar, Age-50 year Add- Insuli Kondawada, Tal-Sawantwadi, Dist-Sindhudurg D.L.NO- MH 07 19940000348 Issuing authority- MH07
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Hajarilal Mohanlal patel Add- Ashok Agarwal Balaji Logistic GE Road Old Bus Laxmi Nivas 7/8 Bhilai 3 Charoda Durg Chhattisgarh 490021 2) S.T. Mahamandal, State Of maharastra
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) The Oriental Insurance Company Limited Add - KBO Khajarana Road Indore 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) Certificate Of Insurance and Policy No- 151300/31/2025/5205 Date- 05.07.2024 to) 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.~~