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.	:-	**118/2024**
3.	Date, Time and place of the accident.	:-	Date 25/04/2024 at 17.15 hrs. At-Near Sai Mandir,Mimbai Goa Haiwey Tersebambarde,Tal- Kudal ,Dist-sindhudurg
4.	Name of the Injured / Deceased	:-	1) Seema Sham Rawool, Age- 45 yrs (Deceased) 2) Aparana Swapnil Desai Age 34 yrs (Injured)
5.	Name of Hospital to which he /she was removed.	:-	1) Rural Hospital Kudal, Tal Kudal Tal Kudal
6.	Number of vehicles and type of the vehicle.	:-	1) MH-07-AA-7792 Hero Pleasure
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) Seema Sham Rawool, Age- 45 yrs Parmenunt Address - Koalgaon,Sawantwadi,Tal-Sawantwadi Present Address - Nabarawadi Tal- Kudal ,Dist-Sindhudurg. **Driving License – MH0720150005239 ,Sindhudurg RTO**
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) MH-07-AA-7792 Hero Pleasure Owner - 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-AA-7792 Hero Pleasure Insu. Company – Paper not Avilable
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) MH-07-AA-7792 Hero Pleasure Insu. Company – Paper not Avilable Date -
11.	Action taken, if any, and the result thereof.	:-	Chargesheeted Court case no - Abited out no -

Police Inspector

kudal police station

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