FORM COMP AA

[See Rules 253 (C), 254 (c)(iii), 254 (80 255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	SAWANTWADI
2	CR.NO./TAR No./SDE No.	CR NO.06/2024 u/s 279,337,338 IPC r/w M.V Act u/s 184,134/187,146/196,130/177
3	Date, Time and Place of the accident	Date-05/01/2024 , Time – 15.40 hrs. Place- On the road of Panchayat Samitti to godaun, In front of Ganapati Mandal of Salaiwada, Salaiwada, Sawantwadi, Tal-Sawantwadi, Dist- Sindhudurg.
4	Name Of the Injured/Deceased	1) Aashish Sandeep Wadikar, Age-10 Year (Injured)
5	Name of Hospital to which he/she was removed	Sub Divisional Hospital, Sawantwadi, Dist- Sindhudurg
6	Number Of Vehicles and type of the vehicles .	1) Motor scooter No. **MH 07AF 4150**
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 Vihicle and the address of the Issuing Authority Of the said Badge	**Driver Name** – Miss Rebecca Bastian Farnandes, Age 25 years. **Present Add. –** 2817, At Post Pagawadi, Insuli, Tal-Sawantwadi, Dist-Sindhudurg. Mob.No. 8408854443, 9356892256. **Permanant Add.** - As Above **Driving License No** – MH07 20160007155 Address of the issuing authority- R.T.O. Sindhudurg.
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	**Owner Name** – Rebecca Bastyan Farnandes, **Add.** – 2817, At Post Pagawadi, Insuli, Tal Sawantwadi, Dist-Sindhudurg. Mob.No. 8408854443, 9356892256.
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company	No Insurance Cover
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	No Insurance Cover
11	Action taken,, if any, and the result there of	The Chargesheet send to Court.

N.B- This form should accompany with all the necessary document viz (1) FIR, (2) Panchnama, (3) Medical certificate/Post Mortem Report – Zerox copy attached.

(S.S. Patil)
Police Sub-Inspecter.
Sawantwadi Police Station
Dist-Sindhudurg.