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- 240/2024 BNS-281,MVAct-184
3	Date, Time and Place of the accident	Date- 21.11.2024 Time- 11:30 Place- Tinmushi Naka Sawantwadi,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.	Hundai i 10 - MH 15 GN 4736 Carry Tempo MH -09-GJ-0993
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 Authority 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) Ramesh Vithal Hirlekar, Age-76 year, Add-VaradShree Plot No 4 yashraj Hospital Garad Khaskilwada Tal-Sawantwadi Dist- Sindhudurg D.L.NO - MH03 19970009803 Issuing Authority:- MH07 2) Raju Timmana Pawa, Age-39 year Add- NCC Bhavan Mhada Colleny Dist- Kolhapur
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	1) Ramesh Vithal Hirlekar, Age-76 year, Add-Varad Shree Plot No 4 yashraj Hospital Garad Khaskilwada Tal-Sawantwadi Dist- Sindhudurg 2) Raju Timmana Pawa, Age-39 year Add- NCC Bhavan Mhada Colleny Dist-Kolhapur
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	1) No Insurance 2) Reliance Praivet Car Package Policy
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	1) No Insurance 2) Certificate Of Insurance and Policy No- 9963924223110019912 Date- 12.10.2024 to 11.10.2025
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Anil Dhuri, HC-174)
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~~.