FORM COMP AA

[See Rules 253 (3), 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	NIVTI POLICE STATION
2.	CR. NO./TAR No./ SDE No.	:-	CR NO 43/2025, BNS 106(1)125(A),125(B), 281,MOV 184
3.	Date, Time and place of the accident.	:-	03/10/2025 TIME 22.45, PLACE- SHELPI NEAR PARAB STOP, TAL- VENGURLA
4.	Name of the Injured /Deceased	:-	PRASHANT GURUNATH DABHOLKAR, AGE-30 year, A/P PARULE GAVANWADI, TAL- VENGURLE
5.	Name of Hospital to which he /she was removed.	:-	RURAL HOSPITAL KUDAL, TAL- KUDAL, DIST- SINDHUDURG
6.	Number of vehicles and type of the vehicle.	:-	SUZUKI ACCES NO. MH 07 AU 1826
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.	:-	PRASHANT GURUNATH DABHOLKAR, AGE- 30 year, A/P PARULE GAVANWADI, TAL- VENGURLE Issuing Authority of the said Driving License - GOVERNMENT OF MAHARASHTRA
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	PRASHANT GURUNATH DABHOLKAR, AGE- 30 year, A/P PARULE GAVANWADI, TAL- VENGURLE
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	GO DIGIT GENERALINSURANCE LTD.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	23/10/2024 - 22/10/2025
11.	Action taken, if any, and the result thereof.	:-	Chargsheet submitted to Court

Inspector of Police,
Nivti निवटी Station. ठाणे

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.