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	:-	Devgad Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO.90/2026
3.	Date, Time and place of the accident.	:-	DATE 27/05/2026 AT 20.30 PM Dabhole Tal- devgad
4.	Name of the Injured /Deceased	:-	Deceased 1) Nilesh Ganpat Mumbarkar age-45, R/O Mithmumabari, Tal-devgad 2) Niraj Rghunath Kol, age-22, R/O Asalade tal kankvali
5.	Name of Hospital to which he /she was removed.	:-	Goa Bambuli Hospital Goa
6.	Number of vehicles and type of the vehicle.	:-	1)Dumper No. Mh-12-XM-9563
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) Niraj Rghunath Kol, age-22, R/O Asalade tal kankvali Driving License-MP53 20240002815
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Nikhil Construction Group PVT LTD Ashok Leyland LTD
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The new India Assurance Company LTD.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	150400312503000000150
11.	Action taken, if any, and the result thereof.	:-	Chargsheet Submited

पोलीस निरीक्षक देवगड पोलीस स्टेशन

Inspector of Police.
पोलीस निरीक्षक
Devgad Police Station.
पोलीस स्टेशन देवगड

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