FORM COMP AA

[see rufs 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- 184/2024 U/S 106 (1), 125 (A) (B), 281, BNS AND MUACT 184
3	Date, Time and Place of the accident	Date- 20/09/2024 Time- 11.00 Place- MALGAO TO TALAWADE NEAR NIRAVDE VIRAJ NARSARY
4	Name of the Injured/Deceased	SURESH LAXMAN SAWANT, AGE 61 YEARS AT POST TALAWADE KUMBHARGAO TAL SAWANTWADI
5	Name of the Hospital to which he/she was removed.	-
6	Number of the vehicles and type of the vehicle.	HERO MASTRO BIKE NUMBER MH-07-AF-6539
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 Authotity 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.	SURESH LAXMAN SAWANT, AGE 61 YEARS AT POST TALAWADE KUMBHARGAO TAL SAWANTWADI
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	SURESH LAXMAN SAWANT, AGE 61 YEARS AT POST TALAWADE KUMBHARGAO TAL SAWANTWADI
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	NIL
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	NIL
11	Action taken, if any,and the result thereof.	The ABEDETH SUMMERY Send to Court

(H. C. BHOTRE, HC/352)
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.~~