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	:-	Dodamarg Police Station
2.	CR. NO./TAR No./ SDE No.	:-	Cr.no. 139/2024 BNS-106(1) 281,125(a) (b), 324(4),324(5) Mv act-184
3.	Date, Time and place of the accident.	:-	19/12/2024, 03.00 am, Sateli-Bhedshi Bhomwadi Tal-Dodamarg
4.	Name of the Injured /Deceased	:-	Shubhangi Shiva Parab R/O Vazari , Tal-Pedne, Goa
5.	Name of Hospital to which he /she was removed.	:-	Primary Health Centre Sateli-Bhedshi
6.	Number of vehicles and type of the vehicle.	:-	MH 07 AG 6951 Mahindra Scorpio
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.	:-	Sachin Shiva parab R/O Vazari , Tal-Pedne, Goa
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rupesh Talankar R/O Wanoshiwadi Kudase Tal- Dodamarg
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Girnar Insurance Brokers pvt. Ltd. D03.Connaught placre New Delhi- 130300
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Girnar Insurance Brokers pvt. Ltd. Policy no. 31030031240100232136 Valid-24/10/2025
11.	Action taken, if any, and the result thereof.	:-	The Charge Sheet sent to Court

H.B. Khopde
Inspector of Police,
Dodamarg Police Station.