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	:-	**Sawantwadi police station**
2.	CR. NO./TAR No./ SDE No.	:-	**C.R.No.- 117/2024 U/S 279, 337, 338,304 A OF IPC M.V.Act 184 ,128(1)/194(C), 146/196,3(1)/181, 185**
3.	Date, Time and place of the accident.	:-	**18-06-2024, 14.15 Pm, PLACE- Amboli Ajara road Nagartaswadi Amboli**
4.	Name of the Injured /Deceased	:-	**ACCUSED -1.Tayyab Sultansab Panari age - 19 yrs Konnur Gokak Belgaon state-Karnataka** **Deceased - 2.Sadik Imtiyaz Mulla age -19 yrs Konnur Gokak Belgaon state-Karnataka**
5.	Name of Hospital to which he /she was removed.	:-	**1.complanant not hospilized** **2. accused - belgavi institute of medical sciences Belgavi** **3. primary heath centre Amboli**
6.	Number of vehicles and type of the vehicle.	:-	**1.** Mahindra bulero pickup **GJ -19-4451** **2.**Bajaj Discover motarcycle no. **KA-49-Q-4829**
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. COMPLAINANT DETAILS – Mohhamad Jaanmahhamad Said AGE-34 yrs Surat Mithikhadi libayat betti colony gujrat** **2.Without licence**
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	**1.Sharad Yadav Patil Address- 81 avadh lake city Baben Bardoll dist-surat Gujarat** **2. Imtiyaz Dadamiya Mulla Konnur Gokak Belgaon state-Karnataka**
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	**1. ICICI Lombard Nibhaye Vaade third floor zodiac square s.g.road Ahamadabad Gujrat** **2.without insurance**
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	**1. 3003/MM-18819709/00/000 Validity-05-01-2025** **2. no policy**
11.	Action taken, if any, and the result thereof.	:-	**Abetted summary report in the court**

S.I. Inspector of Police,
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.