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.	:-	203/2025
3.	Date, Time and place of the accident.	:-	04/12/2025 at-01.15 AM , Front Of Hadpid Kulswamini Mandir Tal-Devgad
4.	Name of the Injured /Deceased	:-	1) Nikhil Narayan Navlu Age-24] At- Kotkamte Aadivarewadi Tal- Devgad 2) Vinayak Dhondu Pujare Age-22 Kotkamte Aadivarewadi Tal- Devgad
5.	Name of Hospital to which he /she was removed.	:-	RH Kankavli
6.	Number of vehicles and type of the vehicle.	:-	(2) 1-Riksha No-MH 07 AH-2537 2- Splender No- Mh07AU-9625
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) Vinayak Dhondu Pujare Age-22 Kotkamte Aadivarewadi Tal- Devgad 2) Balkrushna Nagoji Kharat Age-31, At- Koloshi Varchiwadi Tal- Devgad
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Vinayak Dhondu Pujare Age-22 Kotkamte Aadivarewadi Tal- Devgad 2) Balkrushna Nagoji Kharat Age-31, At- Koloshi Varchiwadi Tal- Devgad
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Reliance GENERAL INSURANCE COMPANY LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Insurance Policy No-993792523750063917 Date of Validity-14/04/2025 To 13/04/2030
11.	Action taken, if any, and the result thereof.	:-	Chargshit Submited

पोलीस निरीक्षक
पोलीस ठाणे देवगड

Inspector of Police,
.....Police Station.