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. 43/2024, IPC-304(a),279,337,338, MV act-184
3.	Date, Time and place of the accident.	:-	25/04/2024, 15.00 pm, Maneri Kalamthana, Tal-Dodamarg
4.	Name of the Injured /Deceased	:-	1.Santosh Vilas Gawas 2.Bhavik Gurudas Gawas
5.	Name of Hospital to which he /she was removed.	:-	1.Rural Hospital Dodamarg 2.Bambolim Goa Medical college
6.	Number of vehicles and type of the vehicle.	:-	MH 07 AT 1237 Hero Splender
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.	:-	Santosh Vilas Gawas R/O. Khokral Tal-Dodamarg
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Gurudas Shiva Gawas R/O. Khokral 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.	:-	Go Digit General Insurance ltd. - 264, Okhla ind.Estate,Phase-III, Delhi-110020
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Go Digit General Insurance ltd Policy D132854447 Valid-22/01/2029
11.	Action taken, if any, and the result thereof.	:-	The Charge Sheet sent to Court

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