FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENT

1	Name of the Police Station	Achara
2	CR.NO Section	62/2025
3	Date, Time and Place of the accident	03/11/2025
4	Name Of the Deceased	NO
5	Name of Hospital to which he/she was removed	NO
6	Number Of Vehicles and type of the vehicles	2 – S.T. Bus
7	Name and address of the Driver of the vehicle with particulars or Driving License of the saod driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge	Amit Prakash Patil Ap.-Devgad Vithhalwadi Tal.-Devgad Dist.- Sindudurg L.No.-MH0720020000185 Badge No.41363
8	Name and address of the Owner of vehicle as it stands on the date of the accident.	Secretary,MSRT Corporation Dr.Anandrao Nair Marg Maharashtra Vahatuk Bhavan Mumbai Central Mumbai-400008
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company	ASHOK LEYLAND
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	—
11	Action taken,, if any, and the result there of	Inspecter of Police Achara Police Station

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FORM-III

DRIVERS FORM

By Driver of vehicle to Investigation Officer

within 30 days of the Accident Copy to Victim and Insurance Company

FIR No.	62/2025
Date	03/11/2025
Under Section	भारतीय न्याय संहिता कलम 281 सह मो.वा.कलम 184, प्रमाणे
Police Station	आचरा

1)	Driver Details :-			
	Name	अमित प्रकाश पाटील वय-45		
	Fathers Name	प्रकाश पाटील		
	Mobile No	9422998383		
	Address	रा.देवगड विठ्ठलवाडी ,ता.देवगड, जिल्हा.सिंधुदुर्ग		
2)	Age/Date of Birth	45 वर्षे (जन्मतारीख- 19/09/1983)		
3)	Gender	पुरुष		
4)	Educational Qualification	Primary	Senior Secondary Certificate	
		Higher Secondary Certificate	Graduate	
		Postgraduate	Doctorate	
		Uneducated		
5)	Occupation	Private service	Government Job	Professional
		Agriculture	Self Employed	Others
6)	Monthly Income	Rs.		
7)	Driving Licence	Permanent	Lerners	Juvenile
		Without License	Others	
08)	Driving Licence No	MH 0720020000185		
09)	Period of Validity of Licence	16/01/2030		
10)	Licence Authority	सिंधुदुर्ग		
11)	Vehicle Registration No	MH 20 BL 4107		
12)	Vehivle Type	एस.टी. बस		
13)	Owner Details :-			
	Name	Secretary,MSRT Corporation		
	Father's Name			
	Mobile No.			
	Address	Dr.Anandrao Nair Marg Maharashtra Vahatuk Bhavan Mumbai Central Mumbai-400008		
14)	Insurance Details :-			
	Policy No.			
	Period of Policy			
	Name of Insurance Company			
15)	Others details :-			
i)	Nationality of Driver	Indian		
		foreigner		
ii)	Occupation of Driver	Advocate	Business	Clerk
		Doctor	Driver	Engineer
		Farmer	House Keeper	Labourer
		Police Officer	Politician	Retired Officer

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		Student Vendor	Unemployed	Worker
iii)	Injury Type	Back Injury Face Hip Neck Abdominal	Buttocks Injury Hand Knee **Not Applicable**	Chest Injury Head Leg Shoulders Injury
iv)	Cell Phone Driving	Yes	No	**Not Known**
v)	Severity	Fatal Simpal Injury Hospitalized **No Injury**		Grievous Injury Simpal Injury Non Hospitalized
vi)	Seatblet/Helment	Yes	No	**Not Known**
vii)	Drunk Driving	Yes	**No**	Not Known
viii)	Mode of Transport	Private Ambulance **Not Hospitalizationed**	108 Ambulance Private Vehicle	By Self
ix)	Hospitalization Delay	< 30 Minutes > 1 Hour < 2Hours **Not Hospitalizationed**		> 30 Minutes < 1 Hour > 2 Hours
x)	Driving License Type	**Known LMV-TR** Without License LLR	Unknown Not Applicable	Juvenile

Verification :-

Verified at Achara Police Station, Sindhudurg on this 03/11/2025 day of that the contents of the above Form are true to my Knowledge and documents attached are true copies of their originals.

(U.D.Vanjare)
Police Head Constable
Achara Police Station

1. ID/address proof✓
2. Driving Licence✓
3. Insurance Policy

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FORM-IV

OWNERS FORM

By Owner of the vehicle to Investigation Officer

within 30 days of the Accident Copy to Victim and Insurance Company

FIR No.	62/2024
Date	03/11/2024
Under Section	भारतीय न्याय संहिता कलम 281 सह मो.वा.कलम 184, प्रमाणे
Police Station	आचरा

1)	Vehicle Details :-	
	Registration No	MH 20 BL 4107
	Colour	Red
	Make	Ashok Leyland Ltd
	Year Of manufacture	2016
	Chassis No	5GEAV5028
	Engine No	GAEZ412996
	Registering Authority Name	Aurangabad
	Vehicle Type	Motorised 2-wheeler, Auto, Car/Jeep/Taxi, Cycle, Rickshaw, Bicycle, Hand Drawn, Tempo PIK-UP/Tractor, Bus, Truck/Lorry, Heavy Articulated Vehicle/Trolley, Not Known, Other (Specify)
	Vehicle Use Type	Private Vehicle, Commercial Vehicle, Goods & Carrier, Garbage Truck, Taxi/Hired Vehicle, Public Service Vehicle, Educational Institute Bus, Passenger Bus, Others (Specify)
2)	Owner Details :-	
	Name	Secretary,MSRT Corporation
	Fathers Name	
	Mobile No	
	Address	Dr.Anandrao Nair Marg Maharashtra Vahatuk Bhavan Mumbai Central Mumbai-400008
	Occupation	
3)	Driver Details :-	
	Name	अमित प्रकाश पाटील वय-45
	Fathers Name	प्रकाश पाटील
	Mobile No	9422998383
	Address	रा.देवगड विठ्ठलवाडी ता.देवगड जि.सिंधुदुर्ग
	Driving Licence No	MH 07200200000185
	Period of Validity of Licence	16/01/2030
	Licence Authority	RTO सिंधुदुर्ग
4)	Insurance Details :-	
	Policy No.	

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	Period of Policy	31/03/2025 TO 31/03/2026
	Name of Insurance Company	
	Address of Insurance Company	
	Whether the vehicle previously involved in any MACT case? If yes, give details of FIR and MACT case	No
5)	In case of commercial Vehicle :-	
	Permit details	Validity - 30/06/2026
	Fitness details	NEXT INSPECTION DUE DATE 12/09/2026
6)	Whether the owner reported the accident to the Insurance Company	Yes✓ NO
7)	Other details :-	
i)	Load Category	Passengers✓ Goods
ii)	Age of vehicle	9 वर्षे
iii)	Vehicle Description	Transport Vehicle✓ Non-transport Vehicle
iv)	PUC Validity	04/05/2026
v)	Tax Details	-
vi)	Seat Capacity	44+1+1+11 Standing (Including Driver,Condactar)
vii)	Insurance Company	

Verification :-

Verified at Achara Police Station Sindhudurg on this 03/11/2025 day of that the contents of the above Form are true to my Knowledge and documents attached are true copies of their originals.

(U.D.Vanjare)
Police Head Constable
Achara Police Station

Documents to be attached:

1. ID/ Address proof ✓
2. Registration Certificate ✓
3. Driving Licence of the Driver

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FORM-VIII

SITE PLAN

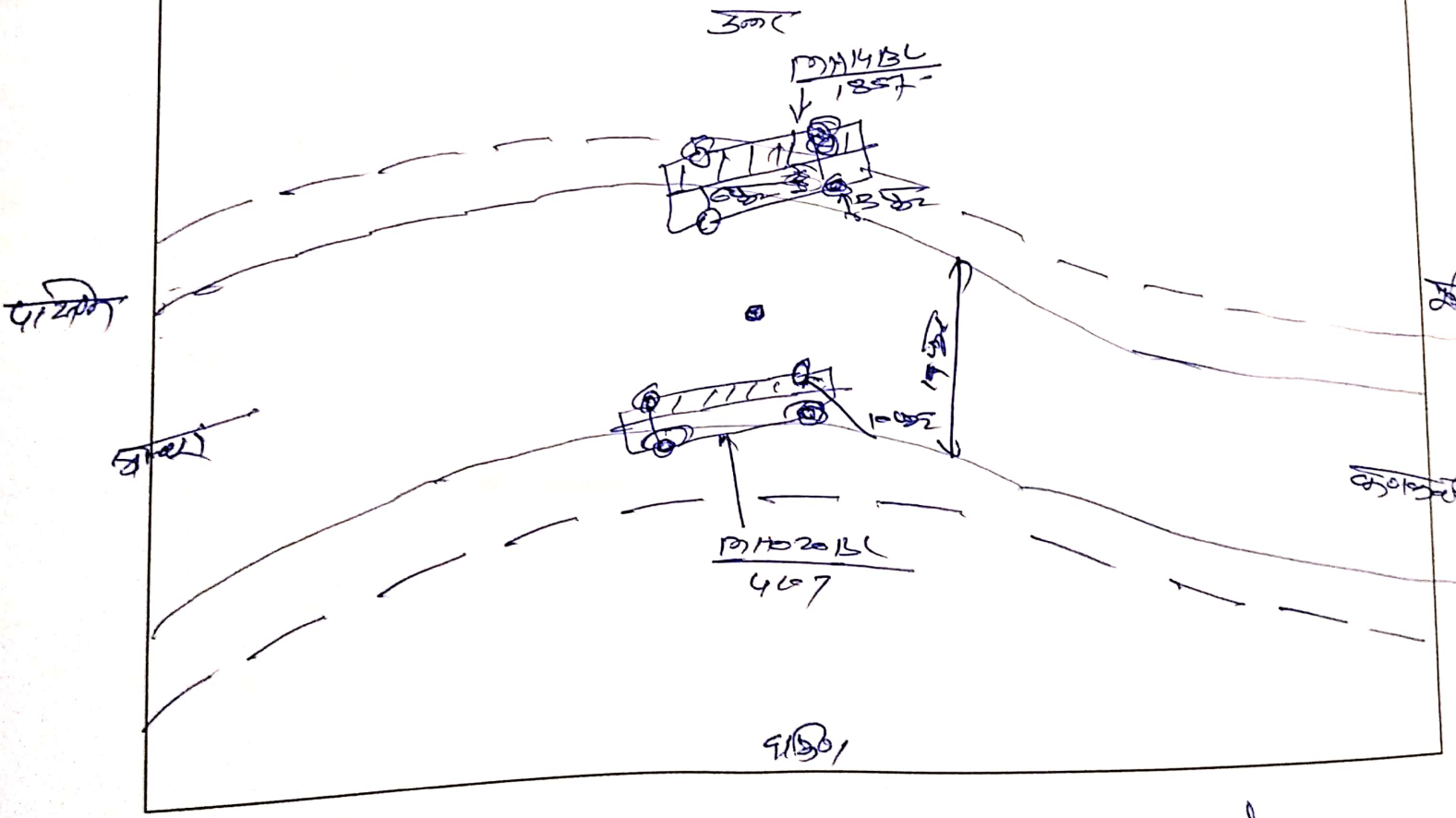
By Investigation Officer to Claims Tribunal
Along with DAR within 90 days of Accident

FIR No.	62/2025
Date	03/11/2025..
Under Section	भा. न्या. संहिता कलम 281, मोटार वाहन कायदा कलम 184
Police Station	Achara

1	Date of preparation of site plan	03/11/2025..		
2	Type of collision	Hit from back		Vehicle to pedestrian
		Run-off road		Vehicle overturn
		Head on collision		Others
3	Road direction	One-way	Two-way	Others
4	No. of lanes	02		
5	Width of road	20 foot		
6	Place of accident	श्रावण गवळीवाडा, कणकवली ते आचरा जाणारे रोडवर		

7 Detailed Site Plan with road and junction name, direction and location of vehicle on the road

श्रावण गवळीवाडा कणकवली ते आचरा रोड



(U.D.Vanjare)
Police Head Constabl
Achara Police Station

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FORM -X

VERIFICATION REPORT

By Investigating Officer to Claims Tribunal Along with DAR within 90 days of Accident through information available on VAHAN Database

FIR No	62/2025
Date	03/11/2025..
Under Section	u/s 281 BNS M.V.Act u/s 184,
Police Station	भा. न्या. संहिता कलम 281, मोटार वाहन कायदा कलम 184

01)		Vehicle 1 (Offending vehicle)
	Vehicle Registration No	MH 14 BT 1857
	Validity Period	-
02)	Engine No	
03)	Chassis No	
04)	Category of vehicle	Ashok Leyland B.S. 3
05)	Vehicle Make & Model :-	
	Make	Ashok Leyland LTD
	Model	
06)	Owner Details :-	
	Name	Secretary,MSRT Corporation
	Address	Dr.Anandrao Nair Marg Maharashtra Vahatuk Bhavan Mumbai Central Mumbai-400008
07)	Details Insurance	
08)	Details of Permit :-	
	Permit No.	
	Validity	
09)	Details of Fitness Certificate :-	
	Fitness Certificate No.	-
	Validity	- DATE 11/02/2026
10)	In case record not available, state reasons	

(U.D.Vanjare)
Police Head Constable
Achara Police Station

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