FORM COMP AA

[see ruls 253©,254(c)(iii))254(80255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi, Dist-Sindhudurg
2	CR.NO/TAR NO/SDE NO.	CR NO-192/2024 BNS- 281, 125 (a)(b), MVAct-184
3	Date, Time and Place of the accident	Date- 26.09.2024 Time- 09:00 Place- Sawantwadi-Amboli Rod Dhavadaki Bus Stop, Tal-Sawantwadi
4	Name of the Injured/Deceased	Shreyash kashiram Jadhav] Age-14 year, Add-Devsu jadhavwadi, Tal-Sawantwadi
5	Name of the Hospital to which he/she was removed.	Medical College bamboli Goa, State-Goa
6	Number of the vehicles and type of the vehicle.	Ashok Leland Bada Dost No- KA 22 D 7666
7	Name of the address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authotity of the said Driving License. The number of Badge in case of Publice Service. Vehicle and the address of the Issuing Authority of the said Badge.	Devraj Vithal Dhulapnavar Age-22 year Add- Belgaum City Subhashnagar Karnataka D.L.NO- KA22 20240000852 Issuing authority- KA22
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident.	Krishna Suresh Chougule Age-40 year, Add- 4817 52G 2ND Cross Subhash Nagar Belgaum Karnataka 590016
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	dalam MS General Insurance Company Limited, Ragisteed Office: 2nd Floor Dare House No.2 NSC Bose Road Chennai - 600001
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate.	Certificate Of Insurance and Policy No-3378/03658607/000/00 Date- 14.10.2023 to 13.10.2024
11	Action taken, if any,and the result thereof.	The Chargesheet Send to Court

(Santosh Galole, HC-983)
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.~~