# FORM COMP AA

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

## REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

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|---|---|---|---|---|
| 1. | Name of the Police Station | | :- | Kudal |
| 2. | CR. NO./TAR No./ SDE No. | | :- | **285/2026** |
| 3. | Date, Time and place of the accident. | | :- | Date 20.08.2026 at 16.00 hrs. At- Kudal MIDC,Mahananda Pashukhadya Kharkhanyasamor tal-kudal, Tal- Kudal ,Dist-sindhudurg |
| 4. | Name of the Injured / Deceased | | :- | 1) Dhiru Shobhanath Yadaw Age- 23 yrs (Deceased) |
| 5. | Name of Hospital to which he /she was removed. | | :- | 1) Rural Hospital Kudal, Tal Kudal Tal Kudal<br>2) GMC Oros Sindhudurg |
| 6. | Number of vehicles and type of the vehicle. | | :- | **1) MH 07 AJ 8600 Bharat Benz2828 BSVI** |
| 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) MH 07 AJ 8600 Bharat Benz2828 BSVI**<br>**Name--**Dhiru Shobhanath Yadaw Age- 23 yrs<br>Preesent Adress- Kudal Purushotttam Indastries mage,<br>Tal-Kudal ,Dist- Sindhudurg<br>Parmanunt Address- At. H No-09, Word no 4 ,Gorahaisatana,Madhyapradesh.<br>**Driving License –** MP1920230000088 RTO - Madhyapradesh, |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | | :- | **1) MH 07 AJ 8600 Bharat Benz2828 BSVI**<br>**Name –** Dhruv Infra Projects /Madhusudan Umakant Mhaddalkar<br>Address- At. H.No-879 Ganeshnagar Kudal, Tal-Kudal , Dist- Sindhudurg<br>**Driving License – Paper not Avilable** |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | | :- | **1) MH 07 AJ 8600 Bharat Benz2828 BSVI**<br>Insu. Company - IFFCO-TOKIO General Insuranc Co LTD<br>AT—1 st Floor,Jaju Arcade Nr.Damini Hotel Tarabai Park Kolhapur 416003<br>Policy No 1-7DPL6B06 P400 3n 6369118 |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | | :- | **1) MH 07 AJ 8600 Bharat Benz2828 BSVI**<br>Insu. Company - IFFCO-TOKIO General Insuranc Co LTD<br>Policy No -1-7DPL6B06 P400 3n 6369118<br>Date -18.02.2026 to 17.02./2027 |
| 11. | Action taken, if any, and the result thereof. | | :- | Chargesheeted Court case no – Abated Final **Date 29/10/2026** |

Police Inspector

kudal police station

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