
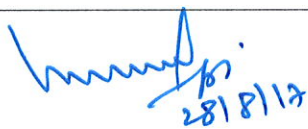


FORM COMP AA

(See Rules 253(c) 254(c) (iii) 254(80*255(1)(iv))

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Sawantwadi Police Station
2	CR.No./TAR No./SDE No.	124/2017 IPC 279,337,338 MVA 184,146/196,56/192 SDE No.028
3	Date, Time and place of the accident	Amboli Fanaswadi Vengurla to Belgaum state road No.180
4	Na of the injured/Deceased	1]Umesh Mohan Korgaonkar age 48 yrs. 2]Manisha Umesh Korgaonkar age 43 yrs. 3]Manali Umesh Korgaonkar age 22 yrs. 4]Tejal Umesh Korgaonkar age 20 yrs.
5	Name of Hospital to which he/she was removed	P.H.C. Amboli & Yashoda orthopaedic Hospital, Sawantwadi
6	Number of vehicle and type of vehicle	Tempo Traver Ambulance No. MH07-C-128
7	Name and address of the driver of vehicle with particulars or driving lincense 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 address of the Authority of the said Badge	Rama Bala Lokare r/o House No. 50 Near Jimkhana Maidan , Sabniswada , Sawantwadi Lic No.MH07 20130008915 R.T.O. Sindhudurg.
8	Name and address of the owner of the vehicle as it stands on the date of the accident	Kamlesh Gajanan Arekar age 41 yrs. r/o khalkilwada, Sawantwadi Tal sawantwadi.
9	Name and address of the Insurance company with whom the vehicle was insured and the divisional office of the said insurance company	--
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.	Charge Sheeted on 10/7/2017
		 Inspector of Police Sawantwadi Police Station