


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	:- Dodamarg Police Station
2. C.R. NO./TAR No./ SDE No.	:- CR. No. 07/2023
3. Date, Time and place of the accident.	:- 20/01/2023 09.45 to 09.50 Manerit tal Dodamarg
4. Name of the Injured /Deceased	:- Navin Gurudas Manerikar
5. Name of Hospital to which he /she was removed.	:- Rupal Hospital Dodamarg
6. Number of vehicles and type of the vehicle.	:- 1) Honda Unicorn - MH-07-BN-7384 2) Activa - MH-07-AM-1179
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) Navin Gurudas Manerikar 2) Raj Acharya
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-
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 thereof.	:-


पोलीस निरीक्षक
Inspector Dodamarg पोलीस ठाणे
.....Police Station सिंधुदुर्ग

N.B - This form should accompany with all the necessary document viz (1) F.I.R (2) Panchanama
(3) Medical Certificate/Post Mortem Report.