

FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1. Name of the Police Station	Dadamang Police Station
2. CR. NO. /AR No. /SDE No.	CR. No 56/2023
3. Date, Time and place of the accident.	Date - 29/04/2023 Time - 11:20 - Ambeli
4. Name of the Injured /Deceased	Aniket Vithoba Desai
5. Name of Hospital to which he /she was removed.	Medical College Bampulim - Goa
6. Number of vehicles and type of the vehicle.	1) Wagoner - MH-07-AB-1002 2) GA-11-F-8630
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.	Aniruddha Tulsidas Naik Add - Sateli Bhedshi - Dadamang
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.	


Inspector of Police,
पोलीस निरीक्षक
दोडामार्ग पोलीस ठाणे
जि. 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.