


## 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	:- Dodgmarg Police Station
2. CR. NO./TAR No./SDE No.	:- C.R. NO. 64/2023
3. Date, Time and place of the accident.	:- Date - 6/05/2023, 20.30 - Aadali MIDC
4. Name of the Injured /Deceased	:- Manik Rohidas Chauhan
5. Name of Hospital to which he /she was removed.	:- Sub Dist. Hospital Sawantwadi
6. Number of vehicles and type of the vehicle.	:- Tacker No. MH-16-AV-7085
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.	:- Shekhar Vishwas Bansode Add:- Siddhonerai, Tat-Kagal Dist - Kolhapur
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  
दोडगमार्ग पोलीस स्टेशन  
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.