## FORM COMP .AA ( See rules 253,253 ( C ),( iii ),254 ( 80 ),255 ( 1 ) ( iv )

1	Name of the police station	VAIBHAVWADI
2	CR.NO./TAR /SDE No.	Cr 63/2022 IPC -304-A,279,337,279MV ACT -184,
3	Date of time & place of Accident	13/11/2022 on 00.10 At – Vaibhavwadi TO Kolhapur highway, Road Near Nadhayde point
4	Name of injured / Deceased	Deceased-Darpan prakash rane At,ozharam Tai-
5	Name of the Hospital to wich He / She was removed	Darshan praksah rane At,ozharam Tal-kankavali dist- sindhudurg
6	Number of Vehicle &type of Vehicle	Motor Omni CAR number-MH07-AG-2069 Travels number-GA07-f-5664
7	Name & address of the driver of the Vehicle wich perticulers of driving license of the said and the address of the issuing Authority of this said Driving license.the number of Badge in case of publice Vehicle & the address of the issuing Authority of the said Badge	Driver Name -Rajaram dyailu rajbhar At-shimolda tale tivora bordez north goa  License no – No Goa-GA03-20010085682  Authority by –Goa state  Vailid Date -15-11-2030
8	Name & address of Owner of the Vehicle as it Stands on the date of the Accident	SUrendra gopinath vaigankar at,HNO 1208,segundo Bairro,near two stones st cruz tiswadi north goa
9	Name & address of the Insurance company with whom the Vehicle was Insurance & the Divisional office of the said Insurance company	National insurance Bairro, near two stones st cruz tiswadi north goa
10	Number of Insurance police / Insurance certificate and the date of validity of the Insurance police / Insurance certificate	Nill -
11	Action taken, if any & result of	Offence Reg Cr 63/2022 IPC –304-A,279,337,279MV ACT -184,
		जिमत यादव पोजीस निरीक्षक पोलीस ठाणे, वैभववाही