

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	Dodamang Police Station
2. CR. NO. / AR No. / SDE No.	CR. No. 17/2022
3. Date, Time and place of the accident.	25/02/2022, 17:15, Wayantad Dodamang
4. Name of the Injured / Deceased	Dayanand Balram Naik
5. Name of Hospital to which he / she was removed.	Rural Hospital Dodamang
6. Number of vehicles and type of the vehicle.	Splender plus - MH-09-AM-1976
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.	Dayanand Balram Naik Add Bidrewadi Gadhingaj Kolhapur MH-09-AM-1976
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.	-
Chargasheet forwarded Out - No. 707/2022 21/03/2022 Case. No. 21/2022	

J. J. J.
Inspector of Police,
प्रभारी पोलीस ठाणे अधिकारी
Police Station,
पोलीस ठाणे दाडामार्ग

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