


## 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	Dodamarg Police Station
2. CR. NO./AR No./SDE No.	CR. No. 47/2022
3. Date, Time and place of the accident.	20/05/2022, 16:00, Zarrebambarr
4. Name of the Injured /Deceased	Santosh Krushna Naik & Family
5. Name of Hospital to which he /she was removed.	Rural Hospital Dodamarg
6. Number of vehicles and type of the vehicle.	Hundai - I-20 GA-07-L-2389
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) Santosh Krushna Naik GA-07-L-2389 2) Madan Krushna Naik F-Hga - GA-04-E-5436
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.	-
Chargesheet forwarded Out. No. 2441/2022 Date - 11/06/2022 Case - No. 48/2022	
 Inspector of Police प्रभारी पोलीस ठाणे अधिकारी पोलीस ठाणे दोडमार्ग	

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