FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	BANDA
2.	CR. NO./TAR No./ SDE No.	:-	62/2025 BNS 106(1),125(a)125(b)281,mv act 184,134/187
3.	Date, Time and place of the accident.	:-	Date27/4/2025 Time-12.15 place-banda patradevi highway Road
4.	Name of the Injured /Deceased	:-	uttam dattaram padval, age-68 add-Degave bajarvadi tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC BANDA
6.	Number of vehicles and type of the vehicle.	:-	1)vego no MH 07 U 8219 2)Duster motar car no MH 12 JM 2809
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) DL no--nil 2) DL- nil
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)vego no MH 07 U 8219 vishwanath v.sawant at/post bavlat mulajvadi tal-sawantwadi dist sindhudurg. 2) Duster motar car no MH 12 JM 2809 devidas raosaheb mule at/post loni kalbhor,tal-haveli,dist-pune maharastra
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)vego no MH 07 U 8219--nil 2) Duster motar car no MH 12 JM 2809 ACKO Genral insurance ltd
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) 1)vego no MH 07 U 8219---nil 2)policy no -DCAR10185228791/00
11.	Action taken, if any, and the result thereof.	:-	police Invastigation

Inspector of Police,
Banda Police Station.