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.	:-	90/2025 BNS-125(a),281,324(4),mvact 184
3.	Date, Time and place of the accident.	:-	Date-03-07-2025 Time--02.30 place-Banda Mumbai Goa Highway Road, SarasChaha shop near tal-sawantwadi
4.	Name of the Injured /Deceased	:-	1)Chetan Ravindranath Munj] Age-23 ,Add-Mangoan DHolkarwadi Tal-Kudal 2)Rahul Jeron Filips Age-24, Add-Saliwada Tal-Sawantwadi 3)Baburao Pravin Gosavi Age-25 Add-Mathewada, Near Bhagirathi Temple Tal-Sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC Banda
6.	Number of vehicles and type of the vehicle.	:-	Kerta No.MH 07 AG 0004
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.	:-	SAnket Gurunath Rawool age 26 add.-New Khaskilwada Tal-Sawantwadi DL no MH07-20170001594
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Dilip Aappa Kamat ,Age-67 Add-Sabniswada Tal-Sawantwadi
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The Oriental insurance company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Bo Gavali Titha Tal-Sawantwadi policy no 161698/31/2025/784
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Ass.Inspector of Police,
Banda Police Station.