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.	:-	84/2025 BNS-281,324(4) ,mvact 184
3.	Date, Time and place of the accident.	:-	Date-12-06-2025 Time--00.16 place- Madura tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Nil
5.	Name of Hospital to which he /she was removed.	:-	NII
6.	Number of vehicles and type of the vehicle.	:-	1)Bolero No MH 07 P 3623 2)ST BUS NO MH 20 BL 3980
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)Ashwinikumar Vasudev Varadkar Age- 53 Add-Padlos Tal-Sawantwadi DL NO MH04-19970023170 2)khajahusen mohammadkasim Anahosur Age-39 Add-Here Sutargalli Chandgad ,Kolhapur DL No MH09 20100001538
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)Ashwinikumar Vasudev Varadkar 2)ST MAHAMANDAL
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)Bajaj Allanz General Insurance Company Ltd 2)ST MAHAMANDAL
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) Bajaj Allanz House Airport Road Yervada Pune 2)ST MAHAMANDAL
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Asst Inspector of Police,

Banda Police Station.