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.	:-	27/2024 IPC 304(a),279,337,338 Mv act 184,134/187,146/196
3.	Date, Time and place of the accident.	:-	DAte 2/4/2024 Time-18.58 Place-Insuli Sawant temb tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Mohan Krishna Palav age 70,add-Insuli Bhtache Temb Tal-Sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	Goa Bamboli Medical Collage
6.	Number of vehicles and type of the vehicle.	:-	1) Plesure no- MH 07 R-4042 2) Activha no -GA-11-C-6350
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) Mohan Krishna Palav age 70,add-Insuli Bhtache Temb Tal-Sawantwadi DL no MH0719970001258 2) Jockson Dantos Gregory,34,Add-Khaskilvada Tal-Sawantwadi DL MH0720070003728
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Santosh Mohan Palav ,add-Insuli Bhtache Temb Tal-Sawantwadi 2) Jockson Dantos Gregory,34,Add-Khaskilvada 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 New India Assurance Co LTD Sawantwadi Micro Office 170607 Gala no 32 First FolwerRameshwer plaza collage road sawantwadidist sindhudurg
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	policy No 17060731210200002294
11.	Action taken, if any, and the result thereof.	:-	The Chargsheet send to Court

Inspector of Police,
Banda..Police Station.