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.	:-	67/2024 BNS 125(a)125(b)mv act 184
3.	Date, Time and place of the accident.	:-	Date, Time place
4.	Name of the Injured /Deceased	:-	latika ramakant sawant age 27 add insuli bilevadi tal sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	sub dist hospital sawantwadi
6.	Number of vehicles and type of the vehicle.	:-	1)TVS JUPITER no Mh 07 AF 9236 2) ST BUS MH 20 BL 1674
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) latika ramakant sawant DL NO MH 07 20210005027 2)Anand Aatmaram madavi DL no MH3420090016638
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) latika ramakant sawant 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.	:-	---
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.	:-	The Chargsheet send to Court

Inspector of Police,

Banda..Police Station.

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