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.	:-	34/2026 BNS-125(a),125(b), 281, mv act,184,
3.	Date, Time and place of the accident.	:-	Date- 05-04-2026 Time-- 10.00 place-Mumbai to goa national Highway banda ,Near heramb hotel tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Injured --1) aadesh rajan pednekar age- 27 Add-banda katta corner tal sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC BANDA
6.	Number of vehicles and type of the vehicle.	:-	1) TVS scooty no.MH-07 AF-0848 2) marutu suzuki S preso no KA 19-MM-3863
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) aadesh rajan pednekar age- 27 Add-banda katta corner tal sawantwadi DL No -MH 0720150006109 2)thirumaleshwara lokappa Gauda] age 36]add-2-85/1]valankumeri kedila south kannada state karnatak pin code 574220 DL No KA2120100002481
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) aadesh rajan pednekar age- 27 Add-banda katta corner tal sawantwadi 2)thirumaleshwara lokappa Gauda] age 36]add-2-85/1]valankumeri kedila south kannada state karnatak pin code
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) NIL 2) IFFCO-TOKIO General Insurance Co Limited Policy no 1-700790U6P400
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) NIL 2)date 04-04-2026 to date 03-04-2027
11.	Action taken, if any, and the result thereof.	:-	Charjsheet send to court

Ass.Inspector of Police,
Banda Police Station.