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.	:-	36/2026 BNS-125(a),125(b), 281,324(4),324(5) mv act 184
3.	Date, Time and place of the accident.	:-	Date- 19/04/2026 Time-- 18.15 place-Mumbai to goa national Highway banda satmatwadi tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Injured --1)Anil Yashwant Sawant age-56 2)Anil Dattaram Sawant age 60 add-Asaniya Vaynganvadi tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC BANDA
6.	Number of vehicles and type of the vehicle.	:-	1) Honda Activha no.MH-07 AQ-4995 2)KIA CAR no MH 09 GZ 0788
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)Anil Yashwant Sawant age-56 add-Asaniya Vaynganvadi tal-sawantwadi DL No -MH 07 19850002137 2)Onkar maruti patil age 27 add-tirpan tal-Panhala, Dis Kolhapur DL NoMH09-20170023181
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)Anil Yashwant Sawant age-56 add-Asaniya Vaynganvadi tal-sawantwadi 2)Yallappa Hanamant Gasti add YAshawantrao Chavhan colany ujalaiwadi shivaji university kolhapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) ICICI Lombard Nibhaye Vaade Policy no 3005/261166270/00/000 2) ICICI Lombard General Insurance Co Ltd Policy no 3001/KA-20696100/00/000
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1)date 2-8-2025 to date 1-8-2028
11.	Action taken, if any, and the result thereof.	:-	Charjsheet send to court

Ass.Inspector of Police,
Banda Police Station.