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.	:-	42/2025 BNS 125(a)125(b),281,mv act 184,
3.	Date, Time and place of the accident.	:-	Date29/3/2025 Time-23.42 place-sawantwadi to banda Insuli Ghat tal-sawantwadi
4.	Name of the Injured /Deceased	:-	1)kajal suresgh bahire age-20 add-banda nimjaga 2)Nansi ,Advin disoja age-76 add. duler Mhapsa 3)Ranga Balvant Jadhav age 70 add. Mhapsa goa 4)shankar soma kadam age 72 add.-shivapur tal-kudal 5)sugandha madhukar dhuri age 65 add.Insuli dhurivadi 6)govind BHiku velip age 50 add-sangeli 7)Anand raghunath gavde age-49 add. priyol mardol goa
5.	Name of Hospital to which he /she was removed.	:-	sub dist hospital sawantwadi
6.	Number of vehicles and type of the vehicle.	:-	ST BUs no MH 20 BL 3987
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.	:-	Sachin Prakash khude age 44 ST Depo kudal at post pinguli tal-kudal DL No MH 07 20110007977
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	ST MAHAMANDAI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NO
11.	Action taken, if any, and the result thereof.	:-	police Invastigation

Inspector of Police,
Banda Police Station.