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	:-	18/2024
2.	CR. NO./TAR No./ SDE No.	:-	IPC 304(a),279,337,338 Mv act 184,,146/196
3.	Date, Time and place of the accident.	:-	Date -03/02/2024
4.	Name of the Injured /Deceased	:-	Devrath kashiram gawade.age-36,add-nigude gavthanvadi 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-MH-07 Am-8078
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.	:-	Devrath kashiram gawade.age-36,add-nigude gavthanvadi tal-sawantwadi MH0720190000123
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Devrath kashiram gawade.age-36,add-nigude gavthanvadi 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.	:-	---
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.	:-	Abited Final 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.