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.	:-	65/2025 BNS 106,125(a)125(b)281,mv act 184
3.	Date, Time and place of the accident.	:-	Date-05/05/2025 Time-07.10 place-Insuli Dobvadi
4.	Name of the Injured /Deceased	:-	1)Santosh shantaram tari age-49 2)Gauri santosh tari age 42 3)Shreyash santosh tari age 15 at/post banda nimjga tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	PHC BANDA , Medical collage bamboli Goa
6.	Number of vehicles and type of the vehicle.	:-	Hiro honda Pation pro no GA 06 D 2563
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)Santosh shantaram tari age-49 Hiro honda Pation pro no GA 06 D 2563DL NO mh0720150001850 2) unknown vehicle
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Aashabai m.kashinkutti at/post HN-242 B Ward no 8 Vasco sauth Goa
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.