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.	:-	158/2025 BNS- 106(1),281,125(a),125(b) mv act 184
3.	Date, Time and place of the accident.	:-	Date-6/11/2025 Time-- 09.30 place- banda to dodamarg road banda katta corner tal-sawantwadi
4.	Name of the Injured /Deceased	:-	rashmi ramkrishna gawade,age 41 add-Gharpi Bharadwadi tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	GMC goa bambolim
6.	Number of vehicles and type of the vehicle.	:-	1)motarcykle no GA 03 D 4115 2) ehisher Tempo no GA 04 T 8012
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) RAmkrishna Atmaram Gawade add-Gharapi Bharadwadi tal-sawantwadi DL No MH07 20070004878 2)YAnkappa sangppa badiger age-30 add-sonna tal-belgi, dist-bagalkot state Karnatak DL No KA2920180100840
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) 1) RAmkrishna Atmaram Gawade add-Gharapi Bharadwadi tal-sawantwadi 2) Shivaraj mallappa Biradar Age-27, Add-house no 727 bicholim uttar goa state goa
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) ICICI Lambard genral insurance company limited policy No 112504100162
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) NIL 2) Verna state Goa
11.	Action taken, if any, and the result thereof.	:-	police Invastigation

Ass.Inspector of Police,

Banda Police Station.