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.	:-	60/2025 BNS 281,125(a),125(b)MV ACT 184,146/196
3.	Date, Time and place of the accident.	:-	Date-12/7/2024 Time 12.23 placeInsuli Kondvada
4.	Name of the Injured /Deceased	:-	Medical Collage Goa Bamboli
5.	Name of Hospital to which he /she was removed.	:-	1)Sameer Nhanu Gavli age 43 add madkhol Gavliwadi 2)Aatmaram Lakshman Satardrekar age 25 khalchi wadi Banda
6.	Number of vehicles and type of the vehicle.	:-	1) Hiro Splender pro motar cyecle GA 06 0902 2)Splender motar cycle no MH 07 AA 3590
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)Sameer Nhanu Gavli age 43 add madkhol Gavliwadi DL NO MH 07 20000002857 2)Aatmaram Lakshman Satardrekar age 25 khalchi wadi BandaDL NO mh07 20150000082
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)Sameer Nhanu Gavli 2)Aatmaram Lakshman Satardrekar
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.	:-	The Chargsheet send to Court

Inspector of Police,

Banda.Police Station.