# FORM COMP AA

[See Rules 253 ©, 254 (c ) (iii) , 254 (80 255 (1) (iv) ]

## REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

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| 1. | Name of the Police Station | :- | BANDA |
| 2. | CR. NO./TAR No./ SDE No. | :- | 88/2025 BNS-125(a)125(b),281 ,mvact 184 |
| 3. | Date, Time and place of the accident. | :- | Date-26-06-2025 Time--10.15 place-Ronapal Deulwadi tal-sawantwadi |
| 4. | Name of the Injured /Deceased | :- | Ganesh Bhaskar Gavade Age-26, Tal-Padlos Bhakarwadi Sawantwadi |
| 5. | Name of Hospital to which he /she was removed. | :- | PHC Banda, Medical collage Goa Bambolim |
| 6. | Number of vehicles and type of the vehicle. | :- | 1)passsino pro no-MH 07 Au 7712<br>2)ST BUS NO MH 14 BT 1791 |
| 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)Ganesh Bhaskar Gavade Age-26] Tal-Padlos Bhakarwadi Sawantwadi DL no MH07-20240000413<br>2)Motiram Satappa Kamble age-42 , Add-Dholgarwadi Chandgad Kolhapur DL no MH09 20090028163 |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | 1)Ganesh Bhaskar Gavade<br>2)Motiram Satappa Kamble |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | :- | 1) Go Digit Genral insurance LTD<br>2) ST MAHAMANDAL |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | :- | 1)Shivajinagar Pune -policy no D195586124<br>2) 2) ST MAHAMANDAL |
| 11. | Action taken, if any, and the result thereof. | :- | The Chargsheet send to Court |

Ass.Inspector of Police,
Banda Police Station.