

FORM COMP AA

[See Rules 253©,254 (c)(iii),254(8),255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
01	Name of the Police Station	:-	Ramananda Nagar Police Station
02	CR.No./TAR No./SDE No.	:-	CR NO.124/17 U/S 304 (A),279 mv act 184,134 (B)
03	Date,Time,and Place of the accident	:-	Dt.19/8/17 at 22.00 hrs National Highway No.6 at jalgaon shivar Infrant of Ram mandir open space
04	Name of the Injured/Diceased	:-	Sachin vijaykumar gadhe age 38 address - near ganpati mandir, khote nagar jalgaon
05	Name of Hospital to which he/she was removed	:-	Dr.Ullas patil medical collage and hospital jalgaon (khurd)
06	No.of vehicles and type of the vehicles	:-	TVS Scooty MH 19 W 1020 And unknown vehicle.
07	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 address of the Issuing Authority of the said Badge.	:-	DL No.MH19 20110060674 Sachin vijaykumar gadhe A/P G.No. 94/1 P.No.18, Khote Nagar Jalgaon Tal & Dist Jalgaon Issuing Authority-MH192011125 unknown vehicle & Documents are not recover.
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Pradeepkumar Panditrao Patil Kingaon Tal -Yawal Dist Jalgaon.
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	United india Insurance Company Limited
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	2305003117p100842364 Date of Validity.- 8/4/2018
11.	Action taken,if any,and the result therof	:-	Offence registered and Police Investigation is going on searching unknown vehicle..then Statement of vitnesses and ividence collection going on. Inspection of Moped vehicles not

			<p>completed. .</p> <p>Sd/-- Police Inspector, Rmananad Nagar Police Station, Dist.Jalgaon.</p>
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