

FORM COMP AA

[See Rules २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
०१	Name of the Police Station	:-	Mehunbare
०२	CR.No./TAR No./SDE No.	:-	CR No.६७/२०१७ u/s ३०४(A), २७९, ३३७, ४२७, MV Act १८४ etc.
०३	Date, Time, and Place of the accident	:-	Dt.१५.०७.२०१७ at १४.३० hrs National Highway No.२११ at dahivad shivar, Infront of Dahivad fhata
०४	Name of the Injured/Diceased	:-	१)suvarna balaji badhe, २) Balaji badhe
०५	Name of Hospital to which he/she was removed	:-	Civil hospital dhule
०६	No.of vehicles and type of the vehicles	:-	GJ-१०/BR-८११२ Car And Truk No.MP-०९/HH-७३७०
०७	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.	:-	Truck drivea- Nigamsing juggilal sakh At-post-Bndbus stand tal-Limbed dist-limbed Truk No.MP-०९/HH-७३७०
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Documents are not recover.
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Not traced.
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Not traced.
११.	Action taken,if any,and the result therof	:-	Offence registered and Police Investigation is going on Accused Car Driver also injured.then Statement of vitnenses and ividence collection going on.Inspection of both vehicles completed. . Sd/-- Asst.Police Inspector, Mehunbare Police Station, Dist.Jalgaon.