

FORM COMP AA

[See Rules २५३, 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.७०/२०१७ u/s ३०४(A),२७९, ,४२७,MVAct १८४ etc.
०३	Date,Time,and Place of the accident	:-	Dt.२५.०७.२०१७ at १५ to १५.३० hrs National Highway No.२११ at dahivad shivar, Infront of Dahivad fhata
०४	Name of the Injured/death Diceased	:-	१)Ravindra sarichand chhavan,
०५	Name of Hospital to which he/she was removed	:-	Civil hospital dhule
०६	No.of vehicles and type of the vehicles	:-	Tracktur no.-MH-१९/AN-४९०७
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.	:-	Tracktar - Ravindra sarichand chhavan, At-Kargav tanda tal-chaligaon dist-jalgaon Tracktur no.-MH-१९/AN-४९०७
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 Offece 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 Tracktar Driver also injured.then Statement of vitnesses and ividence collection going on.Inspection of both vehicles completed. . Sd/-- Asst.Police Inspector, Mehunbare Police Station, Dist.Jalgaon.