

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
01	Name of the Police Station	:-	ERANDOL
02	CR.No./TAR No./SDE No.	:-	CR NO- 42/2017 IPC 279,337,338,427 MVAct184,134b
03	Date,Time,and Place of the accident	:-	Date 28/07/2017 at 14.38 on .NH 6,at pimpalkotha gaon TAL-Erandol
04	Name of the Injured/Diceased	:-	Injured -SAGAR SANJAY PATIL Age 24
05	Name of Hospital to which he/she was removed	:-	Kamini kamal Hospital,Jalgaon
06	No.of vehicles and type of the vehicles	:-	One vehicles TATA ACE HD No- MH-19 BM/5975
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.	:-	AVINASH ANIL CHAUDHARI Resident A/P-DATTA MANDIR ERANDOL Driving License No-MH-19/20120044454 (TRANS) MH-19/2015159
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	BALKRUSHN DEVRAM MAHAJAN Resident - RAMCHANDRANAGER ERANDOL
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	ICICI Lombard General Insurence com.Ltd TATA MOTERS FINANCE LTD JALGAON
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy/Insurance Certificate No-3003/TM- 100036657/00/000 Date of validity-13/05/2014 To 12/05/2017
11.	Action taken,if any,and the result therof	:-	Offence registered and police investigation is going on accused driver- AVINASH ANIL CHAUDHARI Statement of vitnesses and ividence collection going on.inspectin of vehicle completed POLICE INSPECTOR ERANDOL POLICE STATION

