

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-57/2017 IPC 279,304A 337,427 MVAct184,
03	Date,Time,and Place of the accident	:-	Date 23/09/2017 at 01.00 on .NH 6,at HOTEL FOUNTN Erandol
04	Name of the Injured/Diceased	:-	Diceased GOVINDKUMAR RAGHURAJ PRAJAPAT Age 25 A/P LOHADI TAL-GOH (BIHAR)
05	Name of Hospital to which he/she was removed	:-	CIVIL HOSPITAL JALGAON
06	No.of vehicles and type of the vehicles	:-	One vehicles Trak No- NL2/K1130
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.	:-	GOVINDKUMAR RAGHURAJ PRAJAPAT Age 25 Resident A/P- LOHADI TAL-GOH (BIHAR) Driving License No-MH-38/20120003022 Dumpper Truck Driver (TRANS) MH38/201651
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy/Insurance Certificate No- 2315201492530700000 Date of validity-06/09/2016 To 05/09/2017
11.	Action taken,if any,and the result therof	:-	Offence registered and police investigation is going on accused driver- Statement of vitneses and ividence collection going on.inspectin of vehicle completed POLICE INSPECTOR ERANDOL POLICE STATION

