

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- 61/17 IPC 279,337,427 MVAct184
03	Date,Time,and Place of the accident	:-	Date 09.10.2017 at 08.30 on .state highway galapur rod TAL-Erandol
04	Name of the Injured/Diceased	:-	MH40 N9077 S.T.BUS PASSENGER
05	Name of Hospital to which he/she was removed	:-	Rural Hospital Erandol
06	No.of vehicles and type of the vehicles	:-	TWO vehicles S.T BUS NO MH06 S8622.S.T.BUS NO MH40 N9077
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.	:-	SHARAD JAGAN PAGARE Resident A/P- ERANDOL Driving License No-
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	STATE TRANSPORT OF MAHARASHTRA
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofce of the said Insurance Company.	:-	STATE TRANSPORT OF MAHARASHTRA
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
11.	Action taken,if any,and the result therof	:-	Offence registered and police investigation is going on accused driver- Statement of vitnesses and ividence collection going on.inspectin of vehicle completed POLICE INSPECTOR ERANDOL POLICE STATION