

FORM COMP AA

{See Rules 253(c). 254(c) (iii).254(8)255(1)(iv)}

REPORT ABOUT THE MOTOR VEHICAL ACCIDENTS

Sr.No.	Particulars		
1	Name Of the police staitaion	:-	Bhadgaon police station
2	CR no. TAR no./SDE no	:-	Cr no.80/2017 ipc 279,337,427 M.V.act-184.134(b)
3	Date Time & Place of accident	:-	Dt 03-07-2017 time 14-30 on Bhadgaon-Chalisgaon road, near Kothali fata.
4	Name of the Injured/Diceased	:-	Suresh Sahebrao Gaikavad -Bus Drivar, Sachin Ishvar More-Bus Conductor And 34 Passengr
er5	Name of Hospital to which he/she was removed	:-	Rural hospital bhadgaon
6	No.of Vehical and type of vehicales	:-	Truck No.MH-20-DE-6087
7	Name and address of the driver of the vehical with particulars or driving license of the said driver and address of the issuing athority of the said driving license. the number of badge in case of public service vehical & address of the issuing athority of the said badge	:-	Mustak Ali Mukhtar Ali Sayyed A/P-Mukhtar Ali Sayyed Ali Gar ka Bangla Aurangabad, Maharashtra PIN-431001 DL No-MH-20-19980000943
8	Name and address of th owner of vehical as it stands on the date of the accident .	:-	Sominath Shantaram Sonavne A/P-Bahirgaon, Tal-Kannad, Dist-Aurangabad
9	Name and address of the insurance company with whom the vehical was insured ane divisonal offence of the said insurance company.	:-	The New India Assurance co.ltd
10	Number of Insurance policy / the insurance certificate and date of validity of the insurance / insurance certificate.		16040031170100004370 19/06/2017 to 18/06/2018
11	Action taken , If any, and the result therof	:-	Offance has been registred as per column no.2 Police inspector Bhadgaon police station Dist - jalgaon

