

## FORM COMP AA

[See Rules 253©,254 (c)(iii),254(8),255(1)(iv)]  
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
01	Name of the Police Station	:-	DHARANGAON
02	CR.No./TAR No./SDE No.	:-	CR NO. 103/17,u/s. 304(A),279,427 M.V.Act. 184,134(B).
03	Date,Time,and Place of the accident	:-	Date- 09.08.2017 At 09.00 am. N.H.NO.6 Road, Paladhi Shiwar, Near Pokhari Fata, Tal.Dharangaon, Dist, Jalgaon.
04	Name of the Injured/Deceased	:-	Deceased- 1)Kalpesh Dipak Kapadane, Age- 22, R/S. Anore, Tal. Dharangaon, Dist. Jalgaon.
05	Name of Hospital to which he/she was removed.	:-	1)Civil Hopital, Jalgaon.
06	No.of vehicles and type of the vehicles	:-	1)Unknown Vehicle (Accused) 2)Motor cycle No. MH-19/CT-9065 (Deceased-Person)
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.	:-	--
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.	:-	--
11.	Action taken,if any,and the result thereof	:-	Dt. 24.08.2017 At. 23.00 pm. A Final No. 16/2017 Dt. 09.11.2017 In Dharangaon Court.  Sd/- Police Inspector, Dharangaon Police Station Dist . Jalgaon.

