

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 Police Station, Dist. Jalgaon
02	Cr. No./TAR No./SDE No.	:-	110/2017 IPC 279,337,338, M.V. Act 184, 134 (b)
03	Date, Time and Place of the Accident	:-	Date : 12/09/2017, Time 06.50 p.m. Near Village of Eklagna, Tal. Dharangaon Near Hotel Matoshri on Road
04	Name of the Injured/Diceased	:-	Gulam Hussain Mh. Usuf, Chaitram Khandu Shirsath Dnyaneshwar Sakharam Patil Sunil Ambarsing Patil
05	Name of Hospital to which he/she was removed	:-	Civil Hospital, Jalgaon
06	No. of Vehicles and type of the vehicles	:-	Luxury Bus No. MH..14. BA.8848
07	Name and address of the driver of the vehicle with particulars of 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.	:-	1. Vasudeo Shenfadu Otari, Add. A/P. Nehru Nagar, Dharangaon, Tal. Dharangaon
09	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office 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	:-	Dhangaton Police Station Bhag - 5 C.R. No. 110/2017 IPC 279,337,338, M.V. Act 184, 134 (b), Date 13/09/2017, Time 18.30 p.m.