

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. 121/17,u/s. IPC 279,337,427 M.V.Act. 184.
03	Date,Time,and Place of the accident	:-	Date- 13.10.2017 At 22.00 am. Dharangaon To Chopda Road, Near Chaitali ginning, Tal.Dharangaon, Dist, Jalgaon.
04	Name of the Injured/Deceased	:-	Chainsing Chhabusing Age-35, R/S. Mandala, (M.P.)
05	Name of Hospital to which he/she was removed.	:-	Civil Hospital, Jalgaon.
06	No.of vehicles and type of the vehicles	:-	1)Truck No. WB-23/C-1691 (Accused) 2)Truck No. MH-04/GN-4106(Injured)
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.	:-	Accused - Biyas Munisingh Bajinathsing, Age-32, R/S. Vasupura, Belghariya North, 24, Paragana, W.B. Licence No.WB-0119950571128 P.V.D. Kolkata, West Bengal.
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Chandsingh , R/S. 8,S.S. Roy Colony, Kamarhati, Kolkata- 700058
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Reliance general of company, 8 <sup>th</sup> Fr. Himalaya House, 38B, JL Neharu Road, Kolkatta, W.B. 700071
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	150621723340013383 Date Of Validity - 31 August -2018
11.	Action taken,if any,and the result thereof	:-	Dt . 14.10.1017 At. 18.23 pm Pending Of Investigation.  Sd/- Police Inspector, Dharangaon Police Station Dist . Jalgaon.