

## 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.131/17,u/s, 304(A),279,337,338  |
| 03     | Date,Time,and Place of the accident   | :- | 29/10/17 at 19.30 to 20.00 Chopda road on village of Rotwad bus stop  |
| 04     | Name of the Injured/Diceased  | :- | MAGAN SAKHARAM PATIL, AGE 45  |
| 05     | Name of Hospital to which he/she was removed  | :- | RURAL HOSPITAL DHARANGAON   |
| 06     | No.of vehicles and type of the vehicles   | :- | DISCOVER MO.CYCLE NO. MH-19/EBN-6779  |
| 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.  | :- | ROTWAD, TAL-DHARANGAON, DIST-JALGAON<br>LICENSE- NO.  |
| 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 therof   | :- | Offence registered and police investigation is going rotwad villege on spot then statement of witness and ividence collection and inspection of mo. Cycle completed |