

## 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.	:-	40/2017 IPC 279,337,338,427 M.V. Act 134(B), 184.
03	Date, Time and Place of the Accident	:-	Date : 07.04.2017, Time 16.00, Front of Merco Company, Paladhi Baypass, N.H.6 Road, Tal. Dharangaon , Dist. Jalgaon.
04	Name of the Injured/Diceased	:-	Injured- 1)Vaibhav Tarachand Patil, Age-31, 2)Vijay Devidas Patil, Age-28, Res. Chunchale, Tal. Chopda, Dist. Jalgaon.
05	Name of Hospital to which he/she was removed	:-	Civil Hospital, Jalgaon.
06	No. of Vehicles and type of the vehicles	:-	1)Tanker No. MH-04/BE-2888 2)TVS STAR Motor Cycle No. MH-19/AT-4674 (Injured Person)
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.	:-	1)Tanker No. MH-04/BE-2888 Shailendrasing Ramlakhansing Age-55, Res. Sighgagdh Hou.So. Building No.2, Room No. 412, Ramnagar, Ghatkopar (w), Mumbai-400086.
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)Tanker No. MH-04/BE-2888 Shailendrasing Ramlakhansing Age-55, Res. Sighgagdh Hou.So. Building No.2, Room No. 412, Ramnagar, Ghatkopar (w), Mumbai-400086.
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 therof	:-	Dhangaton Police Station Bhag - 5 C.R. No. 40/2017 IPC 279,337,338,427, M.V. Act 184, 134(B), Date – 10.04.2017, Time 18.54. Chargsheet NO. 47/2017 Date- 17.07.2017 Send in court, Dharangaon.

