

## 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.	:-	63/2017 IPC 279,337,,427, M.V. Act 184, 134 (b)
03	Date, Time and Place of the Accident	:-	Date : 09/04/2017, Time 15.30 p.m. Near Kadholi Fata, on Paldhi Bypass National Highway No.06
04	Name of the Injured/Diceased	:-	
05	Name of Hospital to which he/she was removed	:-	
06	No. of Vehicles and type of the vehicles	:-	
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.	:-	
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. 78/2017 IPC 279,337,338,427, M.V. Act 184, 134 (b), Date 23/06/2017, Time 18.45 p.m.