

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. | :- | 99/2017 IPC 279,337,338,427, M.V. Act 184, 134 (b) |
| 03 | Date, Time and Place of the Accident | :- | Date : 04/08/2017, Time 14.00 p.m. Near Varad Village on the National Highway No. 06 |
| 04 | Name of the Injured/Diceased | :- | Digambar Mangal Dhangar, Age-31 Years, Occupation - Driver, Add. Near of New Wani Talkies, Varangaon, Tal. Bhusawal, Dist. Jalgaon |
| 05 | Name of Hospital to which he/she was removed | :- | Vinod Hospital, Jalgaon |
| 06 | No. of Vehicles and type of the vehicles | :- | Two, 1. 407 Tempo No. MH.19.S.5400 2. Unknown Truck |
| 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. | :- | Digambar Mangal Dhangar, Age-31 Years, Occupation - Driver, Add. Near of New Wani Talkies, Varangaon, Tal. Bhusawal, Dist. Jalgaon |
| 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 | :- | Policy Number -16070131170100000334 Date of Validity - 24/04/2018 |
| 11 | Action Taken, if any and the result thereof | :- | Dhangaton Police Station Bhag - 5 C.R. No. 99/2017 IPC 279,337,338,427, M.V. Act 184, 134 (b), Date 06/08/2017, Time 10.36 a.m. |