

FORM COMP AA

[See Rules 253©,254 (c)(iii),254(8),255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks
01	Name of the Police Station	:-	Amalner
02	CR.No./TAR No./SDE No.	:-	Part5 cr. No152/17 ipc279, 337, 338
03	Date,Time,and Place of the accident	:-	Date16/07/17 @14.00 Amalner – chopda Road
04	Name of the Injured/Diceased	:-	Sunil Kawarlal Jain age45 yrs A/p chunchale Tal chopda
05	Name of Hospital to which he/she was removed	:-	Patil Accident Hospital Dhule
06	No.of vehicles and type of the vehicles	:-	MSRTC –Bus MH-19/BT4178 (Accuse) MSRTC bus MH-20BL1408
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.	:-	Vijay santosh sonawane age 31yrs A/p Fagne Tal Dhule
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	MSRTC Igatpuri Bus Depo
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece 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	:-	.- Sd/-- Police Inspector, Amalner Police Station, Dist.Jalgaon.