

## 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. No190/17 IPC 279,337
03	Date,Time,and Place of the accident	:-	Date11/09//17 @20.30 pm Amalner to Dhule Road Near Mangrul
04	Name of the Injured/Diceased	:-	Suresh Nimba Patil Age 42
05	Name of Hospital to which he/she was removed	:-	Sivil hospital Dhule
06	No.of vehicles and type of the vehicles	:-	Bus No MH-20-BL-2534 MSRTC BUS
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.	:-	Dilip Dyaram Patil Age 40- Chunchol Tal Pachora MH-18-2016153 DHULE RTO
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Amalner Bus Depo Dist. Jalgaon Maharashtra
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.