

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 P.S. Dist. Jalgaon.
02	CR.No./TAR No./SDE No.	:-	CR NO.145/17,u/s, 304(A),279,427, MV Act 184, 134(b)
03	Date,Time,and Place of the accident	:-	23/11/17 at 11.30 am NH.6 on road, Paladhi bypass frunt vitthal mandir, near village of Paladhi.
04	Name of the Injured/Deceased	:-	Deceased -- Gokul Fakira Patil, age-58, R/S. Garkheda, Tal. Dharangon, 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)-Mo cycle No.PB-35/L-9082 2)-Tractor no. MH-19/C-4565
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.	:-	1)- Mo cycle No.PB-35/L-9082 Gajanan Dhanraj Koli, R/S. Bambhori, Tal.Dharangaon, Dist. Jalgaon. License No. Mh 19 20100032144
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1)-M-Cycle No. PB-35/L-9082 Owner -- Kamlesh Gokul Patil, R/S. Garkheda , Tal. Dharangaon, Dist. Jalgaon. 2)-Tractor no. MH-19/C-4565 Owner -- Dilip Jagannath Patil, R/S. Kadholi, Tal. Erandol, Dist, Jalgaon.
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	UNITED INDIA INSURANCE COM.Ltd. Chennai.
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. 2305003116P118309513 Date of Validity -30/03/2018
11.	Action taken,if any,and the result therof	:-	Dharangaon P.S. Bhag-5 CRNO. 145/2017 IPC 304(A),279,427, M.V.Act 184, 134(B) Date -26/11/2017 at 18.15 pm Pending of Investigation.

IO-API DESHMUKH MO NO.9823390970