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
02	CR.No,/TAR No./SDE No.	:-	CR NO. 16/17,u/s. 304(A),279,337,338,427 M.V.Act. 184,134(B)
03	Date,Time,and Place of the accident	:-	19.01.2017 At 19.00, hrs. Paladhi-Sonwad Road, Dhar Fara, Tal.Dharangaon, Dist, Jalgaon.
04	Name of the Injured/Diceased	:-	1)Sarjerao Bhila Patil, Age-26, Res. Sheri, Tal. Dharangaon., Dist. Jalgaon.(Deceased)
05	Name of Hospital to which he/she was removed.	:-	1)Civil Hopital, Jalgaon.
06	No.of vehicles and type of the vehicles	:-	1)Bolero No. MH-19/BJ-4667, & Motor Cycle No.MH-19/BP-4248
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.	:-	Sahebrao Puna Baviskar, Age-42, Res. Dongaon, Bk., Tal. Dharangaon, Dist. Jalgaon.
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 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	:-	Chargsheet Submit in Dharangaon Court. Chargsheet No. 36/2017 Date - 16.06.2017 . Sd/- Police Inspector, Dharangaon Police Station Dist . Jalgaon.

IO – ASI/1428/ATUL WANJARI, MO. NO.