

## 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. 17/17,u/s, 279,338
03	Date,Time,and Place of the accident	:-	07/02/17 at 17.30 hrs Pimpale fata, To Gining on Chopda road.
04	Name of the Injured/Diceased	:-	Ratilal Budha Koli, Age-40,Res.Hated khu. Tal. Chopda.(Injured)
05	Name of Hospital to which he/she was removed.	:-	Rural Hospital, Dharangaon, Civil Hospital Jalgaon
06	No.of vehicles and type of the vehicles	:-	S.T..Bus No.MH-14/BT-2142
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.	:-	Bhagawan Zendu Tayade, Age-43, Res. Ghodgaon, Tal. Chopda.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 Ofcece 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. 18/2017 Date - 10.03.2017  Sd/- Police Inspector, Dharangaon Police Station Dist . Jalgaon.

IO-HC/1454/Dnyanshwar Jadhav- MO NO. 9421551549