

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	:-	Jamner P.S.
02	CR.No./TAR No./SDE No.	:-	Cr no.65/17 ipc 279,337,338 mv act 184, 134 (b)
03	Date,Time,and Place of the accident	:-	24/04/2017 time 20.45 Jamner To Jalgaon Road Near Rajesthan Marbal.
04	Name of the Injured/Diceased	:-	Shamkant Dilip Patil R/O Ganpati Nagar, Jamner
05	Name of Hospital to which he/she was removed	:-	Sub Dist hospital Jamner
06	No.of vehicles and type of the vehicles	:-	Honda Shine Motar cycle No. MH-19/AT-7511
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.	:-	Honda Shine Motar cycle Driver Licence No. MH-1920070021851 Date-16/02/2024
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sandip Laxman Sartale Age 38 R/O Parijat Colony, jamner
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office 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	:-	The crime has been registered and the police are investigating. The motor cycle have been hit by the accident. Honda Shine Motor Cycle is damaged. Then the witness and privilege collection is on. The vehicle inspections is complete Sd/-- Police Inspector, Jamner Police Station, Dist.Jalgaon.