

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. 74/17 ipc 304(A) 279,337 mv act 184 |
| 03 | Date,Time,and Place of the accident | :- | 04/05/2017 time 23.30 Hiwarkheda village Area Near Waghur Dam Back Water |
| 04 | Name of the Injured/Diceased | :- | Joharsing Vishwnathsing Parmar Age-35 R/o Khurd P.o. Sizan Tal-Navgaon Dist. Chatarpur (M.P.) |
| 05 | Name of Hospital to which he/she was removed | :- | Sub Dist hospital Jamner |
| 06 | No.of vehicles and type of the vehicles | :- | Ciment Mixer Machine No. Are Not Avilable |
| 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. | :- | Both vehicle Driver Licence No. Are Not Avilable |
| 08 | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | Ciment Mixer Machine Owner Name Is Not Avilable |
| 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 | :- | The crime has been registered and the police are investigation Is Complte. The Ciment Mixer Machine the accident. The vehicle is inspections is complete Sd/-- Police Inspector, Jamner Police Station, Dist.Jalgaon. |