

## 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. 81/17 ipc 304(A) 279,337,338,427 mv act 184
03	Date,Time,and Place of the accident	:-	20/05/2017 time 16.45 Viter To Palaskheda Road Near Kulkarni Dalal's form
04	Name of the Injured/Diceased	:-	Martha Sandip Pitchaiah Age-21 R/o Pinapaka tal-mailvaram dist-Krishna (A.P.)
05	Name of Hospital to which he/she was removed	:-	Sub Dist hospital Jamner
06	No.of vehicles and type of the vehicles	:-	Truck No. AP-16/TY-8637
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.	:-	Truck Driver Licence No. 112831988 (TR)
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Pitchaiah Martha R/o Pinapaka tal-mailvaram dist-Krishna (A.P.)
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	National Insurance Company
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. 560601311610006763 Date of Validity 21/03/2018
11.	Action taken,if any,and the result therof	:-	The crime has been registered and the police are investigation Are Complited. The Truck has hit by the accident. The vehicle inspections is complete  Sd/-- Police Inspector, Jamner Police Station, Dist.Jalgaon.