

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	:-	Ramananda Nagar Police Station
02	CR.No./TAR No./SDE No.	:-	CR NO.41/18 U/S 279,337
03	Date,Time,and Place of the accident	:-	Dt.7/3/18 at 18.30 hrs Infrant of centarl bank ganpati road road jalgaon
04	Name of the Injured/Diceased	:-	Neha dipak jawale age 37 address - polt no 3, laxmi nagar jalgaon
05	Name of Hospital to which he/she was removed	:-	-
06	No.of vehicles and type of the vehicles	:-	1) moter cycle no. MH 19 CB 0880 2) moter cycle no. MH 19 BY 8487
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.	:-	Documents are not recover.
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Documents are not recover.
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	Documents are not recover.
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Documents are not recover.
11.	Action taken,if any,and the result therof	:-	Offence registered and Police Investigation is going on. then Statement of vitnesses and ividence collection going on. Inspection of both vehicles not completed. . Sd/-- Police Inspector, Rmananad Nagar Police Station, Dist.Jalgaon.

