

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	:-	Adawad
02	CR.No./TAR No./SDE No.	:-	25/2019 IPC 304(A)279,337,338,427 MV.ACT.184,
03	Date,Time,and Place of the accident	:-	25/03/2019, Time between 10-00 Am to 11.00 , Place- Rod Chopda to Yawal road mangrul Fata
04	Name of the injured/Diceased	:-	1) Yashwant Laxman Waghle (Ded)At.po. 2) Hiralal devidas Jadhav (injured) AT po Sakili ta,Yawal
05	Name of Hospital to which he/she was removed	:-	--
06	No.of vehicles and type of the vehicles	:-	Accused - Motar cycle no MH.19.AD.4671 victimstRUCK NO.MH 18 M 9637
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.	:-	ABHIMAN SHARAVAN AHIRE AGE-43 At.po.BADANE Ta.SATANA Dt.NASHIK
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	UNDETECT
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofece of the said Insurance Company.	:-	UNDETECT
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	UNDETECT
11.	Action taken,if any,and the result therof	:-	Sd/-- Police Inspector, Adawad Police Station, Dist.Jalgaon.

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	:-	Adawad
02	CR.No./TAR No./SDE No.	:-	26/2019 IPC 279,427 MV.ACT.184,
03	Date,Time,and Place of the accident	:-	28/03/2019, Time 16-45 Place- Rod DHANORA to JALGAON road on corner of deogaon patvhari road
04	Name of the injured/Diceased	:-	1) ---
05	Name of Hospital to which he/she was removed	:-	--
06	No.of vehicles and type of the vehicles	:-	Accused - santro car no MH.01.VA.8262 victims S.T. bus NO.MH 14 BT2083 M 9637
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.	:-	Rajmal gokul borase Chopda bus depot
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	STATE TRANSPORT MAHARASTRA
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	UNDETECT
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	UNDETECT
11.	Action taken,if any,and the result thereof	:-	Sd/-- Police Inspector, Adawad Police Station, Dist.Jalgaon.

फैजपुर पोलीस स्टेशन

FORM COMP AA

(SEE FULES २५३०८२५४(c)(iii), २५४(८), २५५(i)(iv))

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Sr.No.	Particulars	Remarks
१	Name of the police station	Faizpur
२	C.R.No./RAR No. / SDE No.	४०/१९ IPC ३०४ A, २७९
३	Date .Time and place of the accident	दि.११/०५/१९ रोजी १६.०० वा. सु।। अ लुद गांवाचे पुढे रोडवर फैजपुर ते भुसावळ रोडवर
४	Name of the injured/Diceased	दिप भावत बाविस वय ३० रा. शिंदी ता.भुसावळ (मयत) रविंद्र प्रभा र ठेळी वय ३४ रा. शिंदी ता.भुसावळ (जामी)
५	Name of Hospital to which he/she was removed	Civil Hospital Jalgaon मयत शि. पा. गीटी ल हॉस्पिटल जळ गांव जामी अश्विनी हॉस्पिटल जळ गांव जामी
६	No.of vihicles and type of the vihicles	ट्रक्टर - मां एम.एच.२८ डी.८९७ ट्राली - मां एम.एच.१९ ई २६५४
७	Name and address of the driver of the vehicle with particulars of Driving License of the said Driver and the address of the Issuing Authority of the said Driving License . The number of Badbe in case of public Service vehicle and address of the Issuing Authorthy of the said Badge	सुनिल तु राम वराडे (पार्टील) वय ४४ रा. मानमोडी ता.बोदवड जि.जळ गांव ला.नं. MH १९-२००९००२९८५१ Date ३१/०५/२०२५ (NT)
८	Name and address of the Owner of the vehicle as it stands on the date of the accident	ट्रक्टर माल - रविंद्र निंबा लो गारी वय ४२ रा. ठे नार भुसावळ जि.जळ गांव मो.न.९३७११४३०७४ ट्राली माल - मधु र श्राव । भार रा. सोनवद ता.धर । गांव जि.जळ गांव
९	Name and Address of the Insurance Company with Whom the vehicle was insured and the Divisional Office of the said Insurance Company	इन्शुरन्स नाही.
१०	Number of Insurance Policy/Insurance Certificate and the Date of validity of the indurance Policy /Insurance Certificate	नाही.
११	Action taken if any and the result therof	Police inspector Dist.Jalgaon

FORM COMP AA

[See Rules २५३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
०१	Name of the Police Station	:-	निभोरा पो स्टे
०२	CR.No./TAR No./SDE No.	:-	२९/२०१९
०३	Date,Time,and Place of the accident	:-	दि-नां १२.८.२०१९ रोजी रात्री २२/४५ ते २३/०० वा.चे दरम्या-न रावेर ते सावदा रोडवर विवरा गु गावाचे वळ गाचे रोडवर सार्व जा गी घडलेला आहे
०४	Name of the Injured/Diceased	:-	(मयत) म श श र सि-न र वय २८ धंदा ड्रायव्ही ग रा आम ठेडा ता सोय गाव जि औरं गाबाद व ज गमी समाधा-न गिरधर गाय वाड वय २० रा आम ठेडा ता सोय गाव जि औरं गाबाद
०५	Name of Hospital to which he/she was removed	:-	गामी ग रु ग गलय रावेर
०६	No.of vehicles and type of the vehicles	:-	बोलेरो पि अप व्हे-न , एम एच १९ बीम ३२६०
०७	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.	:-	बोलेरो पि अप व्हे-न , एम एच १९ बीम ३२६०
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	(मयत) म श श र सि-न र वय २८ धंदा ड्रायव्ही ग रा आम ठेडा ता सोय गाव जि औरं गाबाद
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	(मयत) म श श र सि-न र वय २८ धंदा ड्रायव्ही ग रा आम ठेडा ता सोय गाव जि औरं गाबाद इ-सुर-स ंप-नीचे -गाव अदयाप माहित -गाही
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	इ-सुर-स ंप-नीचे -गाव अदयाप माहित -गाही
११.	Action taken,if any,and the result thereof	:-	Sd/-- Api NibhoraPolice Station, Dist.Jalgaon.