

**DAR 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  | -: | Ramanand Nagar Police Station   |
| 02     | CR.No./TAR No./SDE No.  | -: | CR NO97/19 U/S 304(A)279,337,338 427,mv act 184   |
| 03     | Date,Time,and Place of the accident   | -: | Dt.11/06/2019 at 23.30 hrs Near GOVT. ITI Colloge National Haiway 06, jalgaon   |
| 04     | Name of the Injured/Diceased  | -: | 1- yogesh Danyshwar Patil Age-58 Add.Sanjubhau nagar Mohadi upnagar Road Tal-Dhule Dist-Dhule   |
| 05     | Name of Hospital to which he/she was removed  | -: | Government Medical collage/Civil Hospital, Jalgaon  |
| 06     | No.of vehicles and type of the vehicles   | -: | Two vehicles -1] Car-WR-V MH-19-CU-8921<br>2] bajaj Pulsar 150 bike .MH-19-AJ-7710  |
| 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. | -: | 1) Car-WR-V MH-19-CU-8921<br>Driver name- Narendra Narayandas Gujrathi<br>Age-58, Add- plot na.23 <b>gat no.88 ramdwar park nimkhedi shivar gujral petrol paump back</b> Jalgaon<br>DL NO. ☞Not<br>Issuing authority - -----<br>2- Plesure no. Pulsar 150 bike .MH-19-AJ-7710<br>DL NO. ☞Not<br>Issuing authority - ----- |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | -: | 1) Car-WR-V MH-19-CU-8921<br>Owner name ☞Narendra Narayandas Gujrathi<br>Age-58, Add- plot na.23 gat no.88 ramdwar park nimkhedi shivar gujral petrol paump back Jalgaon<br>2- bajaj pleasure 150 bike .MH-19-AJ-7710<br>Owner name ☞   |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.  | -: | IFFCO Tokio General Insurance Company Ltd.<br>Add-102 <sup>st</sup> Floor Hariprabha Solitario,Above Croma Retail thatte Nagar, off college Road nasik 4220   |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | -: | Policy No. ITG/82528431<br>Period Of Cover:- 11/09/2018 (13.33hrs) to10/09/2021 to midnight   |
| 11.    | Action taken,if any,and the result ther of  | -: | Offence registered and Police Investigation is going on.then Stateme gatnt of vitnenses and evidence collection going on.<br>Inspection of both vehicles completed. .<br>Sd/-<br>Police Inspector,<br>Ramanand Nagar Police Station,<br>Dist.Jalgaon.   |

**DAR 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.103/19 ipc 279,338, mv act 184,  |
| 03     | Date,Time,and Place of the accident   | :- | Dt.22/6/2019 at 17.00 hrs on municipal nagar Road  |
| 04     | Name of the Injured/Diceased  | :- | Sumit mahendra mali age 12   |
| 05     | Name of Hospital to which he/she was removed  | :- | --   |
| 06     | No.of vehicles and type of the vehicles   | :- | Scorpio car and cycle  |
| 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. | :- | --   |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --   |
| 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 ther of  | :- | Offence registered and Police Investigation is going on.scorpio car owner is not detect evidence collection going on. Inspection of Moter vehicles not completed. .<br><br>Sd/--<br>Police Inspector,<br>Rmananad Nagar Police Station,<br>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   | :- | Pachora Police Station  |
| 02     | CR.No./TAR No./SDE No.   | :- | CR No.98/2019 IPC 279,337,338 MV Act 184,134B                                       |
| 03     | Date,Time,and Place of the accident  | :- | 23/5/2019 - 01/00pm<br>At-Varsade village on road front of vikas harsing patil Home |
| 04     | Name of the Injured/Diceased   | :- | Roshani Pradip Patil(Injured)   |
| 05     | Name of Hospital to which he/she was removed   | :- | Nuclius Hospital Pahora   |
| 06     | No.of vehicles and type of the vehicles  | :- | Hero Passion Pro Motar Cycle MH-19-BP-9319  |
| 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. | :- | Abhaysing Dilip Patil At- Varsade Tal-Pachora                                       |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.   | :- | Dilip Pralhad Patil At- Varsade Tal-Pachora   |
| 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  | :- | Investigation in progress   |

Sd/-  
Police Inspector,  
Pachora 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   | :- | Pachora Police Station   |
| 02     | CR.No./TAR No./SDE No.   | :- | CR No.99/2019IPC 304A,279,MV Act 184,134B,177  |
| 03     | Date,Time,and Place of the accident  | :- | 17/6/2019 - 10/30am<br>Bhadgaon-Pachora Road near Railway brigh front of<br>Marbale Shop |
| 04     | Name of the Injured/Diceased   | :- | Prabhu Rajaram Sirse (Fatel)   |
| 05     | Name of Hospital to which he/she was removed   | :- | Rural Hospital Pahora  |
| 06     | No.of vehicles and type of the vehicles  | :- | Bajaj CT Motar Cycle MH-19-CC-2496<br>Unknown Vehicle                                    |
| 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. | :- | Prabhu Rajaram Sirse   |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.   | :- | Prabhu Rajaram Sirse   |
| 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  | :- | Investigation in progress  |

Sd/-  
Police Inspector,  
Pachora 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   | :- | Pachora Police Station  |
| 02     | CR.No./TAR No./SDE No.   | :- | CR No.102/2019 IPC 279,337,427,510 MV Act 184                           |
| 03     | Date,Time,and Place of the accident  | :- | 17/6/2019 - 10/30am<br>Mondhala-Pachora Road near Kiran Thimbak Factory |
| 04     | Name of the Injured/Diceased   | :- | Kashinath Ramdas Patil (Injured)  |
| 05     | Name of Hospital to which he/she was removed   | :- | Rural Hospital Pahora   |
| 06     | No.of vehicles and type of the vehicles  | :- | Motar Cycle   |
| 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. | :- | Kashinath Ramdas Patil  |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.   | :- | Kashinath Ramdas Patil  |
| 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 thereof   | :- | Investigation in progress   |

Sd/-  
Police Inspector,  
Pachora 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  | :- | निभोरा पो स्टे  |
| 02     | CR.No./TAR No./SDE No.  | :- | २०/२०१९   |
| 03     | Date,Time,and Place of the accident   | :- | दि. ५.६.१९ रोजी १३.०० वा सुा रेभोटा शिवारात<br>निर्डी ते ऐ-गुर रोडवर ब्रिजलाल पोळी याचे<br>शेताजवळ रोडवर सार्व जा पी घडलेला |
| 04     | Name of the Injured/Diceased  | :- | प्रविा ल मा पाटील वय ४९ धदा -नो री रा<br>निबोल ता रावेर   |
| 05     | Name of Hospital to which he/she was removed  | :- | सुश्रित हास्पीटल रावेर  |
| 06     | No.of vehicles and type of the vehicles   | :- | मो साय ल .एम एच-१९/ए झेड-७४७१<br>अज्ञात ट्रक्टर / मां माहित नाही  |
| 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. | :- | अज्ञात ट्रक्टर / मां माहित नाही   |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | अज्ञात ट्रक्टर / मां माहित नाही   |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.  | :- | अज्ञात ट्रक्टर / मां माहित नाही   |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | :- | अज्ञात ट्रक्टर / मां माहित नाही   |
| 11.    | Action taken ,if any ,and the result therof   | :- | .<br>Sd/--<br>सहा पोलीस निरीा<br>निभोरा पो स्टे जि जळ ांव   |

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REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

| Sr.No. | Particulars   |    |   |
|--------|---|----|---|
| 01     | Name of the Police Station  | :- | MIDC JALGAON  |
| 02     | CR.No./TAR No./SDE No.  | :- | 493/2019<br>IPC- 279,337,338 MV ACT-184,134 (b)   |
| 03     | Date,Time,and Place of the accident   | :- | 12/06/2019 12-30 jalgaon aurangabad road kusumba jalgaon  |
| 04     | Name of the <b>Injured</b> /Diceased/death  | :- | 1) anita dilip tayde age-30 (injured)<br>2) dilip jagan tayde age-32 (injured)<br>3) manish dilip tayde age-18 (injured)<br>all add-hingona tal.yawal dis-jalgaon   |
| 05     | Name of Hospital to which he/she was removed  | :- | 1) ashwini housepital jalgaon   |
| 06     | No.of vehicles and type of the vehicles   | :- | Auto riksha. And goods riksha   |
| 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. | :- | Two vicle<br>1) auto riksha -mh. 19.v.8920<br>Driver nam hasin bi shaik ayyub<br>add-laxmi nager tal. dis-jalgaon<br>Lic no.mh.not avilable<br>2) goods riksha - mh.19.cw.0067<br>driver nam- narendra bhagvat chaudhari<br>age-38 add-tuljai nageer kusumba tal.dis-jalgaon<br>lic no.mh19 20160001266 |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | hasin bi shaik ayyub<br>add-laxmi nager tal. dis-jalgaon  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.  | :- | 1) goods riksha - mh.19.cw.0067<br>insurance<br>chola ms insurance co.ltd<br>in no-3379/01961654/000/01   |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | :- | 1) goods riksha - mh.19.cw.0067 insurance<br>chola ms insurance co.ltd<br>in no-3379/01961654/000/01<br>Vaild date-03/03/2019 to 07/03/2020   |
| 11.    | Action taken,if any,and the result therof   | :- | POLICE INVESTIGATION OF CONTINU FOR CRIME<br><br>Sd/--<br>POLICE INSPECTR<br>MIDC POLICE STATION<br>DIST-JALGAON  |

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REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

| Sr.No. | Particulars   |    |   |
|--------|---|----|---|
| 01     | Name of the Police Station  | :- | MIDC JALGAON  |
| 02     | CR.No./TAR No./SDE No.  | :- | 450/2019<br>Ipc-279 ,182 mv act-184,134(b)  |
| 03     | Date,Time,and Place of the accident   | :- | 17/05/2019 06.30 TO 07.00 samadha nager shindi colony jalgaon   |
| 04     | Name of the Injured/Diceased/death  | :- | Hit stand vehicles  |
| 05     | Name of Hospital to which he/she was removed  | :- | --  |
| 06     | No.of vehicles and type of the vehicles   | :- | Swift car and without passing dumper  |
| 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. | :- | Two vicle<br>1) swift car.cy no-mh.19.bj.8011<br>onwer name- aniket narayan jamnani<br>age-19<br>Add- 20/2 sanadha nager shindi colony jalgaon<br>Lic no.not avilable<br>2) without passing dumper<br>Driver nam- sunil laxman bhirhade age-40<br>Add- umala tal.dis- jalgaon<br>Lic no.mh.19 20090047724 |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofce of the said Insurance Company.  | :- | 1) without passing dumper<br>bajaj allianz genran insurance co.ltd<br>policy nu.-og-19-2002-1803-00000564   |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | :- | 1) without passing dumper<br>bajaj allianz genran insurance co.ltd<br>policy nu.-og-19-2002-1803-00000564<br>valid date-19/02/2019 to 18/02/2020  |
| 11.    | Action taken,if any,and the result therof   | :- | POLICE INVESTIGATION OF CONTINU FOR CRIMEi<br><br>Sd/--<br>POLICE INSPECTR<br>MIDC POLICE STATION<br>DIST-JALGAON   |



## FORM COMP AA

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### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

| Sr.No. | Particulars   |    |  |
|--------|---|----|--|
| 01     | Name of the Police Station  | :- | MIDC JALGAON   |
| 02     | CR.No./TAR No./SDE No.  | :- | 457/2019<br>lpc- 279,337,338,427, mv act-184,134 (b)   |
| 03     | Date,Time,and Place of the accident   | :- | 12/06/2019 09-30 pm bhusawal-jalgaon highway<br>road front of madras brekri jalgaon  |
| 04     | Name of the <b>Injured/Diceased/death</b>   | :- | 1) dipak kailash saidane age-24<br>2) durga dipak patil age-22<br>3) chapabai kailash saidane age 60<br>all add-near talathi office khedi jalgaon  |
| 05     | Name of Hospital to which he/she was removed  | :- | ganpati housepital jalgaon   |
| 06     | No.of vehicles and type of the vehicles   | :- | Mo.cy. and unkown vehicle  |
| 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. | :- | Two vehicle<br>1) mo cy -mh.19.CL.1867<br>Driver nam- dipak kailash saidane age-24<br>add-near talathi office khedi jalgaon<br>Lic no-not avillable<br>2) unkown truk<br>driver nam- unkown<br>lic no -not available |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --   |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece 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 thereof   | :- | POLICE INVESTIGATION OF CONTINU FOR CRIME<br><br>Sd/--<br>POLICE INSPECTR<br>MIDC POLICE STATION<br>DIST-JALGAON   |

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**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.**

| Sr.No. | Particulars   |    |  |
|--------|---|----|--|
| 01     | Name of the Police Station  | :- | MIDC JALGAON   |
| 02     | CR.No./TAR No./SDE No.  | :- | 463/2019<br>IPC-279,337,338, MV ACT-184,134 (b)  |
| 03     | Date,Time,and Place of the accident   | :- | 13/06/2019 9-00 pm shirsolo naka front of d mart road jalgaon  |
| 04     | Name of <b>the Injured</b> /Diceased/death  | :- | 1) dyaneshwar padmakar sonar age-24<br>add-samrudhi app.sadashiv nager tal.dis jalgaon<br>2) harshal chaudhari age-22 add- samrudhi app.sadashiv nager tal.dis jalgaon   |
| 05     | Name of Hospital to which he/she was removed  | :- | khadke housepital jalgaon  |
| 06     | No.of vehicles and type of the vehicles   | :- | Mo. Cy. And maruti wagnar  |
| 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. | :- | Two vicle<br>1) motar cycle -mh.19.cl.7611<br>Driver - dyaneshwar padmakar sonar age-24 add-samrudhi app.sadashiv nager tal.dis jalgaon<br>Lic no.mh.not avilable<br>2) car5 -mh.04.db.3255<br>driver nam- unkown<br>lic no.-not avillable |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --   |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece 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   | :- | POLICE INVESTIGATION OF CONTINU FOR CRIME<br><br>Sd/--<br>POLICE INSPECTR<br>MIDC POLICE STATION<br>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  | :- | MIDC JALGAON  |
| 02     | CR.No./TAR No./SDE No.  | :- | 497/2019<br>IPC- 279,337,338,427 MV ACT-184   |
| 03     | Date,Time,and Place of the accident   | :- | 22/06/2019 03.30 pm tv tower jalgaon bhusawal road jalgaon  |
| 04     | Name of the <b>Injured</b> /Diceased/death  | :- | 1) vinayak vasant sali age-53<br>2) arjun patil both add-mukteshawar nager nasirabad tal.dis.jalgaon  |
| 05     | Name of Hospital to which he/she was removed  | :- | khadke housepital jalgaon   |
| 06     | No.of vehicles and type of the vehicles   | :- | Mo. Cy. And mini van  |
| 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. | :- | tow vicle<br>1) motar cycle -mh.19.ba.7803<br>Driver nam- arjun patil both add-mukteshawar nager nasirabad tal.dis.jalgaon<br>Lic no. not avilable<br>2) mini van-mh.02.ce.6857<br>Driver nam- aarif shaik rafik shaik age-39<br>add-kandari polt hanuman mandir tal.bhusawal dis.jalgaon |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofce of the said Insurance Company.  | :- | 1) mini var insurance<br>bajaj allianz genran insurance co.ltd<br>policy num-og-20-9849-1830-00000007   |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | :- | 1) mini var insurance<br>bajaj allianz genran insurance co.ltd<br>policy num-og-20-9849-1830-00000007<br>vaild date-01/04/2019 to 02/04/2019  |
| 11.    | Action taken,if any,and the result therof   | :- | POLICE INVESTIGATION OF CONTINU FOR CRIME<br><br>Sd/--<br>POLICE INSPECTR<br>MIDC POLICE STATION<br>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  | -: | MIDC JALGAON  |
| 02     | CR.No./TAR No./SDE No.  | -: | 467/2019<br>IPC- 279,337,338,427 MV ACT-184   |
| 03     | Date,Time,and Place of the accident   | -: | 14/06/2019 21.30 pm shirsoli village jalgaon  |
| 04     | Name of the <b>Injured</b> /Diceased/death  | -: | 1) kashinath govinda mahajan age-45<br>2) manglabai kashinath mahajan age-42<br>3) chatan kashinath mahajan age-20<br>all add-shirsholi tal.dis.jalgaon |
| 05     | Name of Hospital to which he/she was removed  | -: | civil housepital jalgaon  |
| 06     | No.of vehicles and type of the vehicles   | -: | Car   |
| 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. | -: | one vicle<br>1) motar cycle -mh.19.cy.1495<br>Driver nam- piran shantaram mahajan<br>Add -shirsolital.dis.jalgaon<br>Lic no. not avilable               |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | -: | --  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.  | -: | Not avilable  |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | -: | Not avilable  |
| 11.    | Action taken ,if any,and the result thereof   | -: | POLICE INVESTIGATION OF CONTINU FOR CRIME<br><br>Sd/--<br>POLICE INSPECTR<br>MIDC POLICE STATION<br>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  | -: | MIDC JALGAON  |
| 02     | CR.No./TAR No./SDE No.  | -: | 462/2019<br>IPC- 279,337,335,427 MV ACT-184,134 (b)   |
| 03     | Date,Time,and Place of the accident   | -: | 27/05/2019 06.26 pm near vasumitra hoptel midc jalgaon  |
| 04     | Name of the <b>Injured</b> /Diceased/death  | -: | 1) mussavir shaik aalamgir shaik nyaar age-30 (injured)<br>add--parkot mohall nasirabad tal dis-jalgaon   |
| 05     | Name of Hospital to which he/she was removed  | -: | Civil housepital jalgaon  |
| 06     | No.of vehicles and type of the vehicles   | -: | Mo cy And boloro car  |
| 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. | -: | Two vicle<br>1) mo.cy -mh.19.cs.4108<br>Driver nam mussavir shaik aalamgir shaik nyaar age-30 add--parkot mohall nasirabad tal dis-jalgaon<br>Lic no.mh.19 20100008070<br><br>2) boloro car - mh.19.bm.5352<br>driver nam- mustak ebrahim shaik age-38 add-7 khanderao nager tal.dis-jalgaon<br>lic no.gj 15 .19990158641 |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | -: | --  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofce of the said Insurance Company.  | -: | 1) Boloro car mh.19.bm.5352<br>Oriental insurance co.ltd<br>Policy no-211200/31/2019/164116   |
| 10     | Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.  | -: | 1) Boloro car mh.19.bm.5352<br>Oriental insurance co.ltd<br>Policy no-211200/31/2019/164116<br>Vaild date-29/12/2018 to 28/12/2019  |
| 11.    | Action taken ,if any ,and the result therof   | -: | POLICE INVESTIGATION OF CONTINU FOR CRIME<br><br>Sd/--<br><br>POLICE INSPECTR<br>MIDC POLICE STATION<br>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   |  |
|--------|---|--|
| 1      | Name of the Police Station  | -Mehunbare ps  |
| 2      | CR.No./TAR No./SDE No.  | -CR 102/19 IPC 304(†),279,337,338,427, Mvact 184 134(b)  |
| 3      | Date,Time,and Place of the accident   | Date 19/05/2019 at 07.00 p.m. chalisgaon dhule highway road near Girna raiver Birige   |
| 4      | Name of the Injured/Diceased  | Sarlabai nimbi patil age-४५ At-Dhadare tal, dist- dhule  |
| 5      | Name of Hospital to which he/she was removed  | Hire medical college dhule   |
| 6      | No.of vehicles and type of the vehicles   | Accused MH-18, AA-3989 Mahendra pik-up van   |
| 7      | 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. | Accused MH-18, AA-3989 Mahendra pik-up van<br>Driver Name- Unknow<br>Moter vickal No. MH-18, AQ-8492<br>Driver Name- Nimba supdu patil At-Dhadare tal, dist- dhule |
| 8      | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | --   |
| 9      | 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   | Sd/--<br>Police Inspector,<br>Police Station,<br>Dist.Jalgaon.   |

FORM COMP AA

( SEE RULES 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।।<br>अ लुद गांवाचे पुढे रोडवर फैजपुर ते<br>भुसावळ रोडवर   |
| ४      | Name of the injured/Diceased  | दिप भा।वत बाविस र वय ३० रा.<br>शिंदी ता.भुसावळ ( मयत )<br>रविंद्र प्रभा र ठेळी वय ३४ रा. शिंदी<br>ता.भुसावळ ( ज।मी )  |
| ५      | Name of Hospital to which he/she was removed  | Civil Hospital Jalgaon मयत<br>दि. पा.रीटी ल हॉस्पिटल जळ गांव<br>ज।मी<br>अश्विनी हॉस्पिटल जळ गांव ज।मी   |
| ६      | No.of vchicles and type of the vchicles   | ट्रक्टर २ मां एम.एच.२८ डी.८९७<br>ट्राली २ 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 Authorty of the said Badge | सुनिल तु।राम वराडे ( पाटील ) वय<br>४४ रा. मानमोडी ता.बोदवड<br>जि.जळ गांव<br>ला.नं. MH १९-२००९००२९८५१<br>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।गरी वय<br>४२ रा. ठे। नार भुसावळ<br>जि.जळ गांव मो.न.९३७११४३०७४<br>ट्राली माल - मधु र श्राव।।भार<br>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<br>Dist.Jalgaon  |

**FORM COMP AA**

[See Rules 253e,254 (c)(iii),254(8),255(1)(iv)]

**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.**

| Sr.No. | Particulars   |    |  |
|--------|---|----|--|
| 01     | Name of the Police Station  | :- | Bhusawal Bazarpeth Police Station  |
| 02     | CR.No./TAR No./SDE No.  | :- | <b>CCTNS CR NO 316/2019</b><br><b>IPC - 304 3T, 279, 337, 338,427,</b><br><b>MV ACT - 184, 134-B</b> |
| 03     | Date,Time,and Place of the accident   | :- | 05.06.2019 TIME 23.30<br>PLACE - NH 6, IN FRONT OF SURUCHI<br>SURUCHI HOTEL, BHUSAWAL                |
| 04     | Name of the Injured/Diceased  | :- | BHAGCHND SHYAMLAL WADHWANI - AGE -55<br>SINDHI COLONY, BHUSAWAL(DEAD)                                |
| 05     | Name of Hospital to which he/she was removed  | :- | ----   |
| 06     | No.of vehicles and type of the vehicles   | :- | CYCLE AND UNDETECT HEAVY TRUCK   |
| 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. | :- | UNDETECT   |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | -----  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece 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   | :- | Sd/--<br>Police Inspector,<br>Bazarpeth Police Station,<br>Dist.Jalgaon.                             |



**FORM COMP AA**

[See Rules 253e,254 (c)(iii),254(8),255(1)(iv)]

**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.**

| Sr.No. | Particulars   |    |   |
|--------|---|----|---|
| 01     | Name of the Police Station  | :- | Bhusawal Bazarpeth Police Station   |
| 02     | CR.No./TAR No./SDE No.  | :- | <b>CCTNS CR NO 323/2019</b><br><b>IPC 279,337, 338 MV ACT 184,134</b><br><b>(B)</b> |
| 03     | Date,Time,and Place of the accident   | :- | 09.06.19 TIME 12.30<br>PLACE - IN FRONT OF BUS STAND<br>BHUSAWAL                    |
| 04     | Name of the Injured/Diceased  | :- | KU CHAITALI SANJAY KOLI AGE 08- AT MER<br>SANGVI, TAL MUKTAINAGAR, JALGAON          |
| 05     | Name of Hospital to which he/she was removed  | :- | -----   |
| 06     | No.of vehicles and type of the vehicles   | :- | MCYC AND PEDESRIAN  |
| 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. | :- | UNDETECT  |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | -----   |
| 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 thereof   | :- | Sd/--<br>Police Inspector,<br>Bazarpeth Police Station,Dist.Jalgaon.                |

**FORM COMP AA**

[See Rules 253e,254 (c)(iii),254(8),255(1)(iv)]

**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.**

| Sr.No. | Particulars   |    |  |
|--------|---|----|--|
| 01     | Name of the Police Station  | :- | Bhusawal Bazarpeth Police Station  |
| 02     | CR.No./TAR No./SDE No.  | :- | CCTNS CR NO 348 / 2019<br>IPC 304(A), ,337, 338                                      |
| 03     | Date,Time,and Place of the accident   | :- | 18.06.19 TIME 22.00<br>PLACE - IN FRONT OF RAMAN BHOLE<br>PETROL PUMP NH 6           |
| 04     | Name of the Injured/Diceased  | :- | <b>MOHAMMAD ISMAIL ABDUL BAKSH AGE -33<br/>BAGMARIYA DIST SIDDDHI, MADHYAPRADESH</b> |
| 05     | Name of Hospital to which he/she was removed  | :- | -----  |
| 06     | No.of vehicles and type of the vehicles   | :- | TRUCK MH-19-CY-2945 AND<br>PEDESTRIAN  |
| 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. | :- | ASLAM DETAIL DATA IS NOT FOUND   |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | -----  |
| 09     | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece 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   | :- | Sd/--<br>Police Inspector,<br>Bazarpeth Police Station,Dist.Jalgaon.                 |

## FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

| Sr.No. | Particulars   |    | Fetal   |
|--------|---|----|---|
| 01     | Name of the Police Station  | :- | Bhusawal taluka p.s.  |
| 02     | CR.No./TAR No./SDE No.  | :- | Bhag 05 CCTNS No.0104,IPC-279,337,338,427 MV.184,134(B)   |
| 03     | Date,Time,and Place of the accident   | :- | Date-30/05/2019 time-23.00 To 23.15, Bhusawal to Dhule Highway road,near jay jawan petrolpump,Sakegaon Shivar,tal.Bhusawal,Dist-jalgaon                 |
| 04     | Name of the Injured/Diceased  | :- | 1) Rajendra murlidhar Patil, Age---, Add.-Bhusawal Tal- bhusawal- (Injured),<br>2) Milind Rupa Bharmbe, Age---, Add.-Bhusawal Tal- bhusawal- (Injured), |
| 05     | Name of Hospital to which he/she was removed  | :- | Nagarpalika hospital, Bhusawal.   |
| 06     | No.of vehicles and type of the vehicles   | :- | 1) No.of vehicles-02, 2) type of the vehicles- Truck & Motar Cycle  |
| 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. | :- | 1) Truck No. GJ-१२/Z/०६५२ RTO kuch(Gujarat)<br>2) Motar Cycle No. MH-१९/AT/८०६४ RTO Jalgaon.  |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --  |
| 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   | :- | .FIR Reg. Bhag 05 CCTNS No.0104,IPC-279,337,338,427 MV.184,134(B)<br>Sd/--<br>Police Inspector,<br>Bhusawal taluka Police Station,<br>Dist.Jalgaon.     |

## FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

| Sr.No. | Particulars   |    | Fetal  |
|--------|---|----|--|
| 01     | Name of the Police Station  | :: | Bhusawal taluka p.s.   |
| 02     | CR.No./TAR No./SDE No.  | :: | Bhag 05 CCTNS No.0114,IPC-304(A),279,427 MV.184  |
| 03     | Date,Time,and Place of the accident   | :: | Date-25/06/2019 time-13.30, Bodawad To Kurha Rajya Marg,near jogeshwari Mata Temple,Kurha Shivar,tal.Bhusawal,Dist-jalgaon                                     |
| 04     | Name of the Injured/Diceased  | :: | 1) Vaibhav Gajanan Sarode, Age-25, Add. - Pipmalgaon Tal- bhusawal- (Diceased),<br>2) Parag Laxman Patil, Age-23, Add. - Pipmalgaon Tal- bhusawal- (Diceased), |
| 05     | Name of Hospital to which he/she was removed  | :: | Civil hospital, jalgaon  |
| 06     | No.of vehicles and type of the vehicles   | :: | 1) No.of vehicles-02, 2) type of the vehicles- mahindra Boloro & Motar Cycle   |
| 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. | :: | 1) mahindra Boloro No. MH-१२/KJ/०५९८ RTO pune<br>2) Motar Cycle No. MH-१९/AC/५५५७ RTO Jalgaon.   |
| 08     | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :: | --   |
| 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   | :: | .FIR Reg. Bhag 05 CCTNS No.0114,IPC-304(A),279,427 MV.184<br><br>Sd/--<br>Police Inspector,<br>Bhusawal taluka Police Station,<br>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   |    | Detail  |
|---------|---|----|---|
| 01      | Name of the Police Station  | :- | Chalisgaon gramin   |
| 02      | CR.No./TAR No./SDE No.  | :- | 170/19 Ipc 304 (A)279, 337, 338, 427 M.V. Act 184,  |
| 03      | Date,Time,and Place of the accident   | :- | Dated 03/04/2019 At 20.00 to 21.00 PM. Nandgaon to chalisgaon road nea hotel nakhatra                       |
|         | Name of the Injured/Diceased  | :- | 1) Deelip Bansi Gavli Age-35 c/o Pimpri Haveli Tal-Nandgaon Dist-Nasik , (Diceased)                         |
| 05      | Name of Hospital to which he/she was removed  | -  | Deelip Bansi Gavli Age-35 c/o Pimpri Haveli Tal-Nandgaon Dist-Nasik , (Diceased Rural hospital Chalisgaon   |
| 06      | No.of vehicles and type of the vehicles   | :- | 1) Unknown Vehical<br>2) Hero Honda Motor clycle No.MH-41-s-6436  |
| 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. | :- | Hero Honda Motor clycle No.MH-41-s-6436-<br>Not found owner   |
| 08      | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | Unknown   |
| 09      | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece 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 ,ifany,and the result therof   | :- | On police investigation<br><br>Sd/--<br>Police Inspector,<br>Chalisgaon gramin 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   |    | Detail   |
|---------|---|----|--|
| 01      | Name of the Police Station  | :- | Chalisgaon gramin  |
| 02      | CR.No./TAR No./SDE No.  | :- | 171/19 Ipc 279, 337, 338, 427 M.V. Act 184,  |
| 03      | Date,Time,and Place of the accident   | :- | Dated 24/3/2019 At 03.00 AM Chalisgaon Dhule Road Bhoras shivar, near dilip Ramrao chaudhari field   |
|         | Name of the Injured/Diceased  | :- | 1) Subhash Madhav Shinkar age-55, C/o Wani mangal karyalay, chalisgaon (injured)<br>2) Shravan duba chavan, age-45, c/o hirapur road suvarnatai nager chalisgaon, (injured)<br>3) Kanhaiyalal tudilal bagel, age-52, c/o Satyam genning Facotry Bhoras, tal chalisgaon. (injured)  |
| 05      | Name of Hospital to which he/she was removed  | -  | 1) Subhash Madhav Shinkar age-55, C/o Wani mangal karyalay, chalisgaon (injured) siddheshwar hospital Dhule<br>2) Shravan duba chavan, age-45, c/o hirapur road suvarnatai nager chalisgaon, (injured) Seva hospital Dhule<br>3) Kanhaiyalal tudilal bagel, age-52, c/o Satyam genning Facotry Bhoras, tal chalisgaon. (injured) Seva hospital Dhule |
| 06      | No.of vehicles and type of the vehicles   | :- | 1) Mahindra mH-19-CV-1138<br>2) Truck No. MH-06-AQ-3622  |
| 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. | :- | 1) Mahindra mH-19-CV-1138:- Subhash Madhav Shinkar age-55, C/o Wani mangal karyalay, chalisgaon (injured)<br>2) Truck No. MH-06-AQ-3622 naeemoddin nijamuddin ShaiKh, Age-38, C/o Millat nagar Dhule.  |
| 08      | Name and address of the Owner of the vehicle as it stands on the date of the accident.  | :- | --   |
| 09      | Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece 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 ,ifany,and the result therof   | :- | On police investigation<br>Sd/--<br>Police Inspector,<br>Chalisgaon gamin Police Station,Dist -jalgaon   |