

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.184/19 U/S 304(A) 279, ,338,427, mv act 184,
03	Date,Time,and Place of the accident	:-	Dt.29/10/2019 at 22.00 hrs Nashanal High Way No 46 Shiv Kolny Stop Relway Brej
04	Name of the Injured/ Diceased	:-	Vijay Shantam Patil Age 33 Add.Bangali File Amlner
05	Name of Hospital to which he/she was removed	:-	OM Critical Care and Trauma Center, Jalgaon
06	No.of vehicles and type of the vehicles	:-	Motar Cycle No MH -19 -CG 4162 ST bus o.MH- 06 - S 8623
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.	:-	Name And Address Of The Driver :- ST bus o.MH- 06 - S 8623 Draivar Name- Chandrakant Eshavar Patil Add.Pimplkotha Tal. Erandol
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	State Transport Maharashtra
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	State Transport Maharashtra
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	State Transport Maharashtra
11.	Action taken,if any,and the result ther of	:-	Offence registered and Police Investigation is going on ST bus o.MH- 06 - S 8623 Draivar Name- Chandrakant Eshavar Patil Add.Pimplkotha Tal. Erandol Draivar Arrest Sd/-- Police Inspector, Rmananad Nagar Police Station,

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.	:-	0789/2019 IPC-304(a),427, MV ACT-184,134 (b)
03	Date,Time,and Place of the accident	:-	09/11/2019 08-30 pm jalgaon -aurangabad road front of kusumba village tal.dis-algaon
04	Name of the Injured/Diceased	:-	gopal shantaram patil age-38 add-dhanwad tal.dis-jalgaon (death)
05	Name of Hospital to which he/she was removed	:-	1) civil housepital jalgaon
06	No.of vehicles and type of the vehicles	:-	one vicle
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) mh.04.ds.0152 truk dri,.name - santosh rupchand rathod age-51 add-suprim colony tal. dis-jalgaon
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) mh.04.ds.0152 truk dri,.name - santosh rupchand rathod age-51 add-suprim colony tal. dis-jalgaon lic no- no avillable
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	1) mh.04.ds.0152 truk magma hdi genral assurance co.ltd p.no.-p0119400002/4103/105810
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) mh.04.ds.0152 truk magma hdi genral assurance co.ltd p.no.-p0119400002/4103/105810 val.date-08/03/2019 to 07/03/2019
11	Action taken,if any,and the result therof	:-	POLICE INVESTIGATION OF CONTINU FOR CRIME Sd/-- POLICE INSPECTR MIDC 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	:-	MIDC JALGAON
02	CR.No./TAR No./SDE No.	:-	799/2019 IPC-279,337,338,427 MV ACT-184,134 b
03	Date,Time,and Place of the accident	:-	25/11/2019 10-15 pm front of krushi utpana bajar samiti jalgaon - aurangabad road tal.dis-algaon
04	Name of the Injured/Diceased	:-	1) najir nathu pinjari age-40 2) mustak daut pinjari age- 3) shabnam salim pinjari age- all add-polt area neri br.tal-jammer dis-jalgaon
05	Name of Hospital to which he/she was removed	:-	1) civil housepital jalgaon
06	No.of vehicles and type of the vehicles	:-	two vicle
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) without num passion pro dri.name - najir nathu pinjari age-40 add- polt area neri br.tal-jammer dis-jalgaon 2) unkown car wight colour
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) without num passion pro dri.name - najir nathu pinjari age-40 add- polt area neri br.tal-jammer dis-jalgaon lic no -not avillable 2) unkown car wight colour
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 Sd/-- POLICE INSPECTR MIDC 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	Particulars	:	
01	Name of the Police Station	:	BHUSAWAL CITY
02	CR.No./TAR No./SDE No.	:	cctns no 252/19 IPC 304A 337,338,427 MV act 184,134 b
03	Date,Time,and Place of the accident	:	13/11/19 22.50 PM
04	Name of the Injured/Diceased	:	bhura lalsing barela age 28 utambi post bori-bujurga nepanager MP
05	Name of Hospital to which he/she was removed	:	civil jospi jalgaon
06	No.of vehicles and type of the vehicles	:	moter cycle MP-68-ME- 1975
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 therof	:	serch of unknownn vhecle and accused

