

**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	:-	Chalisingaon gramim
02	CR.No./TAR No./SDE No.	:-	170/19 lpc 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 chalisingaon road nea hotel nakhatra
	Name of the Injured/Diceased	:-	1) Deelip Bansii Gavli Age-35 c/o Pimpri Haveli Tal-Nandgaon Dist-Nasik , (Diceased)
05	Name of Hospital to which he/she was removed	-	Deelip Bansii Gavli Age-35 c/o Pimpri Haveli Tal-Nandgaon Dist-Nasik , (Diceased Rural hospital Chalisingaon
06	No.of vehicles and type of the vehicles	:-	1) Unknown Vehical 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- 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  Sd/-- Police Inspector, Chalisingaon gamim 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	:-	Chalisingaon gramin
02	CR.No./TAR No./SDE No.	:-	171/19 lpc 279, 337, 338, 427 M.V. Act 184,
03	Date,Time,and Place of the accident	:-	Dated 24/3/2019 At 03.00 AM Chalisingaon 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, chalisingaon (injured) 2) Shravan duba chavan, age-45, c/o hirapur road suvarnatai nager chalisingaon, (injured) 3) Kanhaiyalal tudilal bagel, age-52, c/o Satyam genning Facotry Bhoras, tal chalisingaon. (injured)
05	Name of Hospital to which he/she was removed	-	1) Subhash Madhav Shinkar age-55, C/o Wani mangal karyalay, chalisingaon (injured) siddheshwar hospital Dhule 2) Shravan duba chavan, age-45, c/o hirapur road suvarnatai nager chalisingaon, (injured) Seva hospital Dhule 3) Kanhaiyalal tudilal bagel, age-52, c/o Satyam genning Facotry Bhoras, tal chalisingaon. (injured) Seva hospital Dhule
06	No.of vehicles and type of the vehicles	:-	1) Mahindra mH-19-CV-1138 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, chalisingaon (injured) 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  Sd/-- Police Inspector, Chalisingaon gamin 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	:-	Chopda city p.s.
02	CR.No./TAR No./SDE No.	:-	Cr no.50/19 ipc 279, 337, 427, mv act 184, 134(B)
03	Date,Time,and Place of the accident	:-	11/4/19 time 08.45 Chopda TO YAVAL ROAD NEAR TROLY KARKHANA
04	Name of the Injured/Diceased	:-	<b>INJURED :-</b> 1)LILABAI SHALIK DABHADE AGE 59 RES-MAHAVIR NAGAR CHOPDA
05	Name of Hospital to which he/she was removed	:-	Civil Hospital Chopda Tal Chopda
06	No.of vehicles and type of the vehicles	:-	TVS MOTOR CYCLE Vs <b>motor cycle NOT PASSING</b>
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.	:-	Driving licence 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 therof	:-	Police Inspector, Chopda city 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	:-	Chopda city p.s.
02	CR.No./TAR No./SDE No.	:-	Cr no.57/19 ipc 304(A), 279, 337, 338 mv act 184, 134(B)
03	Date,Time,and Place of the accident	:-	25/4/19 time 18.30 Chopda To YAVAL ROAD IN KARGIL CHOWK
04	Name of the Injured/Diceased	:-	<b>Injured :- SHRIRAM KONDU CHAUDHARY</b> AGE 61 RES SUNDARGADI CHOPDA
05	Name of Hospital to which he/she was removed	:-	Civil Hospital Chopda Tal Chopda
06	No.of vehicles and type of the vehicles	:-	ON ROAD INJURED V/S PICKUP 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.	:-	Driving licence 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 therof	:-	Police Inspector, Chopda city 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	:-	Chopda city p.s.
02	CR.No./TAR No./SDE No.	:-	Cr no.60/19 ipc 279, 337,338 mv act 184
03	Date,Time,and Place of the accident	:-	30/4/19 time 09.43 Chopda To SHIRPUR BYPASS ROAD VASANT VIHAR GARDEN FRONT
04	Name of the Injured/Diceased	:-	<b>Injured :-</b> 1)VIBHA VITTHAL BARVHAD AGE 64 RES VADRI TAL YAVAL AND OTHER 15-20
05	Name of Hospital to which he/she was removed	:-	Civil Hospital Chopda Tal Chopda
06	No.of vehicles and type of the vehicles	:-	ST BUS MH-20-BL-2407
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.	:-	Driving licence 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 therof	:-	. Police Inspector, Chopda city 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.	३२/१९ IPC ३०४ A, २७९
३	Date .Time and place of the accident	दि.१६/०४/१९ रोजी स ल्ठी ०५.०० वा. बाम गेद ांवी भुसावळ रोडवर बनोली फाट्यावर रोडवर सार्व.जा गी
४	Name of the injured/Diceased	इंदुबाई नारायम पाचपांडे वय ६५ रा. बाम गेद ता.यावल
५	Name of Hospital to which he/she was removed	ग्रामी रू ालय यावल
६	No.of vihicles and type of the vihicles	ट्र ा मां एच.आर.७३/१९०९
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	ताहीर इ बाल वय ४० रा. तिक ड मोहल्ला , घर नं. १५५ टिक ड मशिद जवळ वार्ड नं. १४३ गोलपुरी , ता.नुह जि. नुह नेवाल हरीया ग HR-५५ license No. HR- ५५२००६०१९९३८१ Date ०९/०१/२००६
८	Name and address of the Owner of the vehicle as it stands on the date of the accident	Samim Ahmed Abdul Gafur Rce.H.No.४८ vill- Raniyala Khurd Teh.Hathin Dist.Palwal HR १२११०२
९	Name and Address of the Insurance Company with Whom the vehicle was insured and the Divisional Ofce of the said Insurance Company	CHOLAMANDALAM MS GINERAL INSURANCE COMPANY ADDRESS CANNUGHT PLACE ' PLOT NO-६ ADJACENT TO METRO PILLAR-८१ PUSA FOAD, DAROL BAGH , NEW DELHI- ११०००५ KAROL bAGH S.O.
१०	Number of Insurance Policy/Insurance Certificate and the Date of validity of the indurance Policy /Insurance Certificate	पोलीसी नं. POLICY NO. ३३७९/०११८३३१८/०००/०३ दि.२४/०४/१८ ते दि.२३/०४/१९
११	Action taken if any and the result therof	Police inspector Dist.Jalgoan

मा.पोलीस अधि ग सो, जळ ांव आदेशान्वये

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.	३१/१९ IPC ३०४ A, २७९
३	Date .Time and place of the accident	दि.०७/०३/१९ रोजी १३.०० वा. हंबडी गांवी बसस्टॅडजवळ रोडवर
४	Name of the injured/Diceased	राे श रमेश सोनव े वय ३८ रा. वाघोदा जु। ता.रावे
५	Name of Hospital to which he/she was removed	ग्रामी रू ालय यावल
६	No.of vihicles and type of the vihicles	अॅपे रि ा , मां एम.एच.१९ व्ही. ३६४४
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	प्रमोद बाबुराव सोनव े वय ४१ रा. वाघोदे जु।। ता.रावे MH १९ -२००९००१५६१८ JALGON RTO
८	Name and address of the Owner of the vehicle as it stands on the date of the accident	दामोदर अशो तायडे रा. दुस ाडा ता.यावल
९	Name and Address of the Insurance Company with Whom the vehicle was insured and the Divisional Ofce of the said Insurance Company	THE NEW INDIA INURANCE CO. LTD M.G.ROAD FORT MUMBAI
१०	Number of Insurance Policy/Insurance Certificate and the Date of validity of the indurance Policy /Insurance Certificate	पोलीसी नं. POLICY NO. १६०७०३३११८०२०००००७२० दि.०४/०७/१८ ते दि.०३/०७/१९
११	Action taken if any and the result therof	Police inspector Dist.Jalgaon

मा.पोलीस अधिा सो, जळ गांव आदेशान्वये

April-2019

**FORM COMP AA**

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

**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.**

Sr.No.	Particulars		Remarks.
1.	Name of the Police Station	:-	Nashirabad
2.	CR.No./TAR No./SDE No.	:-	CR No 20/2019 IPC 279.337 M.V. 184
3.	Date,Time,and Place of the accident	:-	Date 04.04.2018 time AM 00.30 to 01.00 NH-06 Near Dr.ulhas patil hospital jalgaon khurd
4.	Name of the Injured/Diceased	:-	Name Of Injured
5.	Name of Hospital to which he/she was removed	:-	Dr.ulhas patil hospital jalgaon khurd
6.	No.of vehicles and type of the vehicles	:-	Track No GJ-15-y-0034 Moter cyacal No MH-19-BW- 1493
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.	:-	Doument are not submitted
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Doument are not submitted
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	Doument are not submitted
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	:-	



**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 NO.64/2019 U/S 279,337,427, mv act 184
03	Date,Time,and Place of the accident	:-	Dt.20/4/19 at 1130 hrs Near manraj park, national highway no.6, jalgaon
04	Name of the Injured/Diceased	:-	Sachin namdeo chaudhari age-33 add- ravanje, tal- erandol
05	Name of Hospital to which he/she was removed	:-	aswini Hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	Two vehicles -1] tavera no. MH 04 CG 0145 2] motorcycle no. MH 19 AL 7235
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) tavera no. MH 04 CG 0145 DL NO. - MH1920120047040 Issuing authority - Jalgaon RTO 2- motorcycle no. MH 19 AL 7235 DL NO. - MH1920070016641 Issuing authority - Jalgaon RTO
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) tavera no. MH 04 CG 0145 Owner name - rakesh ravindra sapkale age 25, add- kuvarkheda, tal dist- jalgaon 2- motorcycle no. MH 19 AL 7235 Owner name - Sachin namdeo chaudhari age-33 add- ravanje, tal- erandol
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofce of the said Insurance Company.	:-	Shriram general insurance copmany ltd
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. 10003/31/19/020674 Period Of Cover:- 29/4/19 to 28/4/19
11.	Action taken,if any,and the result ther of	:-	Offence registered and Police Investigation is going on.then Statement of vitnesses and ividence collection going on. Inspection of tavera car is completed. . Sd/- Police Inspector, Ramanand Nagar 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		Remarks.
१.	Name of the Police Station	:-	savda
२.	CR.No./TAR No./SDE No.	:-	09/2019
३.	Date,Time,and Place of the accident	:-	10/03/2019
४.	Name of the Injured/Diceased	:-	head Injure
५.	Name of Hospital to which he/she was removed	:-	m.y. Hospital indor
६.	No.of vehicles and type of the vehicles	:-	motor cycle mh 19 dg 7949
७.	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.	:-	shitish devaram patil at.pot.lumkheda tal.raver
८.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	gunavant kashinat chaudhri at.pos.rangon tal.raver
९.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	--
१०.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	2020
११.	Action taken,if any,and the result therof	:-	Sd/-- Police Inspector, Dist. Jalgaon.

मा.सविनय सादर  
 Sd  
 सहा.पोलीस निरी.सावदा पो.स्टे.

## 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 No.69/19 IPC 279,337,338
3	Date,Time,and Place of the accident	Date 20/03/2019 at 10.00 A.m. chinchgavan villege Near well
4	Name of the Injured/Diceased	1)Pradip Aananda Nikam age-40 At-Chinchgavan tal-chalishaon (Enjured)
5	Name of Hospital to which he/she was removed	Rural hospital Chalisaon
6	No.of vehicles and type of the vehicles	Trankar No. MH-06-K-3347
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.	Trankar No. MH-06-K-3347 Draver Name- Arjendhsing Triloksing Randhva age- 52 At- Badala Tal. & Dist. Baba bakala Panjab
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Arjendhsing Triloksing Randhva age- 52 At- Badala Tal. & Dist. Baba bakala Panjab
9	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Bajaj Alliyance insurance Company Limt. pune
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	Date 24/05/2017 to 23/05/2018 Mid Night
11.	Action taken,if any,and the result therof	Sd/-- Police Inspector, 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	
1	Name of the Police Station	-Mehunbare ps
2	CR.No./TAR No./SDE No.	-CR No.71/2019 IPC 304(A), 279, 337, 338, 427, Mvact.184, 134(B)
3	Date,Time,and Place of the accident	Date 31/03/2019 at 14.00 p.m. Chalisgaon to Malegaon road AadgaonVillage near.
4	Name of the Injured/Diceased	1)Aaditya Madhukar Varsale age-25 2)Vaibhav Madhavrao Jadhav Age-26 at-Hirapur Rode,Chalisgaon tal- chalisgaon (Death)
5	Name of Hospital to which he/she was removed	Rural hospital Chalisgaon
6	No.of vehicles and type of the vehicles	Goods Carrier Track No.MH.18 BG-2712 Motar cycle no. MH-19, CM.3395
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.	Goods Carrier Track No.MH.18 BG-2712 Draver Name- Unkown Motar cycle no. MH-19, CM.3395 Draver Name- Vaibhav Madhavrao Jadhav Age-26 at-Hirapur Rode,Chalisgaon tal- chalisgaon (Death)
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Goods Carrier Track No.MH.18 BG-2712 -
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/-- Police Inspector, 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	
1	Name of the Police Station	-Mehunbare ps
2	CR.No./TAR No./SDE No.	-CR No.76/2019 IPC 304A,279,337 Mvact 184,
3	Date,Time,and Place of the accident	Date 24/03/2019 at 03.30 a.m. Dhule to chalisgaon road near Chinchgavan Villege
4	Name of the Injured/Diceased	1) Pimthu Sufev Thakare age-35 At- Nagav Tal & Dist - Dhule (Death)
5	Name of Hospital to which he/she was removed	Rural hospital chalisgaon
6	No.of vehicles and type of the vehicles	Acusse- Prabhakar Nanasaheb Narote age-50 At- vadule Tal.Nevasa Dist. Nasik Tractor no. MH-20-EY-9327 Draivar name- -
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.	Acusse- Prabhakar Nanasaheb Narote age-50 At- vadule Tal.Nevasa Dist. Nasik
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/-- Police Inspector, 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	
1	Name of the Police Station	-Mehunbare ps
2	CR.No./TAR No./SDE No.	-CR No.77/2019 IPC 279,337,338,427 Mvact 184, 134(B)
3	Date,Time,and Place of the accident	Date 15/04/2019 at 11.00 a.m. Patonda to chalisgaon road near Hotel Khandesh
4	Name of the Injured/Diceased	1) Jitendra @ Bhaiyya Aananda Mahajan age-29 At- Patonda Tal.Chalisgaon (Injunred)
5	Name of Hospital to which he/she was removed	Rural hospital chalisgaon
6	No.of vehicles and type of the vehicles	Acusse- 1)Dilip Gangaram Vetel At- Umbarkhed Tal.Chalisgaon, 2) vinod parasmal kothari luxmi nagar Chalisgaon Indika Vista Car No..MH-19-BJ-6920 Omni Car No. MH19-C-5957
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.	Acusse- 1)Dilip Gangaram Vetel At- Umbarkhed Tal.Chalisgaon, 2)Vinod parasmal kothari luxmi nagar Chalisgaon
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/-- Police Inspector, 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	
1	Name of the Police Station	-Mehunbare ps
2	CR.No./TAR No./SDE No.	-CR No.83/2019 IPC 279,337,338 Mvact 184, 134(B)
3	Date,Time,and Place of the accident	Date 31/03/2019 at 14.00p.m. Dhule to chalisgaon road Mehunbara Villege near Ganesh Swa Mil
4	Name of the Injured/Diceased	1) Aman Shaikh Majit Shaikh Age-10 At-Mehunbara Tal.Chalisgaon (Injunred)
5	Name of Hospital to which he/she was removed	Rural hospital chalisgaon
6	No.of vehicles and type of the vehicles	Acusse- Unkown Goods Carriaer Track No.Mh-20 BT.2121
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.	Acusse- Unkown
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/-- Police Inspector, 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.	::	264/2019 IPC- 279,337,338,427 MV ACT-184
03	Date,Time,and Place of the accident	::	31/03/2019 19-15-00 ramdev vadi l.h.patil iti tal.dis- algaon
04	Name of the <b>Injured</b> /Diceased	::	1) rijvan rafiq tambodi age-24 2) arman sha aslam sha both add-mhasawad tal.dist-jalgaon 3) suresh utam jadhav age-30 4) pravin thavru rathod age-20 both add- ramdevwadi tal.dis-jalgaon
05	Name of Hospital to which he/she was removed	::	Kamini kamal housepital jalgaon Dwarka housepital jalgaon Ullhash patil housepital jalgaon kh
06	No.of vehicles and type of the vehicles	::	Mo. Cy. And mo.cy.
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 1) motar cycle -mh.19.by.3186 Driver nam- rijvan rafiq tambodi age-24 add- mhasawad tal.dist-jalgaon Lic no.mh.19 20130028149 2) motar cycle - ct 100 bajaj without number driver nam- pravin thavru rathod age-20 add- ramdevwadi tal.dis-jalgaon no lic avlable
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.	::	Not avillable
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	::	-Not avillable
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.	:-	285/2019 Ipc-304 (a),279,337,338,427 mv act-184
03	Date,Time,and Place of the accident	:-	01/04/2019 14-48 jalgaon -aurangabad road near hotel trimurti tal.dis-jalgaon
04	Name of the <b>Injured/Diceased/death</b>	:-	1) ravindra namdev hatkar age-31 2) <b>anil digambar chuadhari</b> age-48 both add-lohara tal-pachora dis-jalgaon (death)
05	Name of Hospital to which he/she was removed	:-	Ghati Mediacal collage aurangabad
06	No.of vehicles and type of the vehicles	:-	Mo cy and turk
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 1) mo.cy. no-mh.19.h.4250 Driver nam ravindra namdev hatkar age-31 Add- lohara tal-pachora dis-jalgavon Lic no.mh.19 20140029080 1) turk -mp-09-kc-7235 unknown lic no----
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.	:-	Not avillable
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Not avillable
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.	:-	277/2019 Ipc- 279,337 mv act-184,134 b
03	Date,Time,and Place of the accident	:-	04/04/2019 12-00 ajintha chufully Dist Tal. Jalgaon
04	Name of the <b>Injured/Diceased</b>	:-	1) vikas babanrao lakde age-38 add-upasni nager Dist jalgaon
05	Name of Hospital to which he/she was removed	:-	Dr.arun bagdiya housepital jalgaon
06	No.of vehicles and type of the vehicles	:-	Mo.cy
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 1) mo.cy.-mh.19.bn.0435 Driver nam- vikas babanrao lakde age-38 add-upasni nager Dist jalgaon Lic no.mh.19 20130000849
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.	:-	Not avillable
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Not avillable
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.	:-	265/2019 Ipc- 279,337 mv act-184,134 b
03	Date,Time,and Place of the accident	:-	30/03/2019 02/04/2019 on nh-6 bhusawal raod Dist Tal. Jalgaon
04	Name of the <b>Injured/Diceased</b>	:-	1) bhimrao pandit dhakne age-31 2) rita bhirao dhakne both add-jay bhavani nager mehrun Dist jalgaon
05	Name of Hospital to which he/she was removed	:-	Dr.vinod jain housepital jalgaon
06	No.of vehicles and type of the vehicles	:-	Auto riksha and unkown truk
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 1) auto -mh.19.cw.1386 Driver nam- raju jagnath ahire add- Vivekanand nager tal.dist-jalgaon Lic no.not available 2) unkown truk
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.	:-	1) auto riksha insurance go digit genral insurance ltd. Policy no.d000771118
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) auto riksha insurance go digit genral insurance ltd. Policy no.d000771118 Valid -23 jul 2018 to 22 jul 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.	:-	344/2019 Ipc- 279,337,338 mv act-184,134 b
03	Date,Time,and Place of the accident	:-	23/04/2019 08-00 near shiddi vinayak hosuepital road Dist Tal. Jalgaon
04	Name of the <b>Injured/Diceased</b>	:-	1) sharavan jadhav age-50 add-behind ss medical shindi colony Dist jalgaon
05	Name of Hospital to which he/she was removed	:-	civil housepital jalgaon
06	No.of vehicles and type of the vehicles	:-	Bus
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 1) bus-mh. 19.y.6019 Driver nam- saiyyad ali saiyyad sattar add- Hudko primpala tal.dist-jalgaon Lic no.mh19.201000025698
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) bus insurance united india insurance ltd. Policy no.2305003118p112523847
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) bus insurance united india insurance ltd. Policy no.2305003118p112523847 Valid -30/12/2018 to 29/12/2019
11.	Action taken ,if any ,and the result thereof	:-	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.	:-	338/2019 Ipc- 304(a),279,337,338,427 mv act-184,134 b
03	Date,Time,and Place of the accident	:-	19/04/2019 20-00 to 20-30 bhusawal-jalgaon highway road tv tv tower Dist Tal. Jalgaon
04	Name of the <b>Injured/Diceased/death</b>	:-	1) sandip shantaram chandelkar age-31 add-274/64 mangal puri meharun Dist jalgaon (death) 2) ravindra shantaram koli age-30 add- mangal puri meharun Dist 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 unkown
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 1) mo.cy-mh.19.aj.4610 Driver nam- sandip shantaram chandelkar age-31 add-274/64 mangal puri meharun Dist jalgaon 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.	:-	not avillable
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	not avillable
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	:-	Shanipeth Police station
02	CR.No./TAR No./SDE No.	:-	24/19 IPC 279,338, M.V. Act 184, 134
03	Date,Time,and Place of the accident	:-	17/04/19 06.30 am Kale Petrol pump, near Bendale Chauk Jalgaon on road
04	Name of the Injured/Diceased	:-	1.Kailas Baburao Patil Age 50
05	Name of Hospital to which he/she was removed	:-	Dr. Bhangale Hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	One, Dhamapr
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.	:-	Dhamapr No. <b>MH 19 Z 5417</b> driver name -
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	<b>MH 19 Z 5417</b>
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	United india insurance company limited
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	<b>MH 19 Z 5417</b>
11.	Action taken ,if any ,and the result thereof	:-	CR no. 24/19 IPC 279,338, M.V. Act 184, 134