

July 2019

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.111/19 U/S 279,304(A),338,427, mv act 184,
03	Date,Time,and Place of the accident	:-	Dt.03/07/19 at 18.00 hrs National Highway No.6 at Near manraj park
04	Name of the Injured/Diceased	:-	Arun Mahadu Bagul age 60 address - Khote Nagar, Plot No. 17, Ahilyabai Bhoite Colony, jalgaon
05	Name of Hospital to which he/she was removed	:-	Civil Hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	Kawasaki Calibar Motor Cycle MH१९ K & २९७ And Ashok Leland Contenor Truck No. GJ 27 V ००५४
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 :- Tasveer singh narinjan singh Add.:- Abbushad Tal. Ajanala dist amrutsar state- Punjab
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Naresh Jagdishsing Rana Add.:- A3, Shreeji Bag Soc, Vatva, Ahmedabad, Gujarat
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	ICICI Lombard General Assurance Co. Ltd Add.:- Third Zodiac square S G Road, , Ahmedabad, Gujarat- 380054
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. 3003/161884576/00/B00 Period Of Cover :- 27/12/2018 to 26/12/2019
11.	Action taken,if any,and the result ther of	:-	Offence registered and Police Investigation is going on Driver Of vehicle Arrested. then Statement of vitnesses and ividence collection going on. Inspection of Moter vehicles not completed. . Sd/-- Police Inspector, Rmananad 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		
01	Name of the Police Station	:-	Ramananda Nagar Police Station
02	CR.No./TAR No./SDE No.	:-	CR NO.117/19 U/S 279,304(A),337,338, mv act 184,134(ब)
03	Date,Time,and Place of the accident	:-	Dt.14/07/19 at 22.00 hrs National Highway No.6 at Near Gitai Hospital Shiv Colony Stop
04	Name of the Injured/Diceased	:-	Ujawal Sopan Sonawane age 30 address - Sawakheda Tal.Dist - jalgaon
05	Name of Hospital to which he/she was removed	:-	Civil Hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	Bajaj Pulsar Motor Cycle MH१९ BT००४७ And Oposit Site Vehicles is Unknown
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.	:-	Vehicles and accuse is Unknown
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Vehicles and accuse is Unknown
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	Unknown
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Unknown
11.	Action taken,if any,and the result ther of	:-	Offence registered and Police Investigation is going on Sarching Vehicles and accuse Driver Of vehicle then Statement of vitnesses and ividence collection going on. Inspection of Moter vehicles not completed. . Sd/-- Police Inspector, Rmananad Nagar 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 भा ावत बाविस र वय ३० रा. शिंदी ता.भुसावळ (मयत) रविंद्र प्रभा र ठेळी वय ३४ रा. शिंदी ता.भुसावळ (ज ामी)
५	Name of Hospital to which he/she was removed	Civil Hospital Jalgaon मयत ि पा ाठी ल हॉस्पिटल जळ गांव ज ामी अश्विनी हॉस्पिटल जळ गांव ज ामी
६	No.of vehicles and type of the vehicles	ट्रक्टर २ मां एम.एच.२८ डी.८९७ 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 Authorthy of the said Badge	सुनिल तु ाराम वराडे (पाटील) 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 ारी वय ४२ रा. ठेे न ार 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 Ofce 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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of police Station	Jalgaon City
2	CR.No /TAR No /SDE No-	C.R.१०४/१९ IPC २७९,३३७,३३८,४२७, MV.Act.१८४
3	Date ,Time and Place of the Accident	२०/०७/२०१९ - १२.४५
4	Name of the Deceased	-
5	Number of Hospital to which he/she was removed	
6	Name of vehicles and type of the vehicles	MOTER CYCLE AND CAR
7	Name of address of the Driver of the vehicil whit particular of driving license of the said driver and the address of issuing authority of the said driving license the number of badge in case of public serivice vehicle and the address of the issuing authority of said badge.	-
8	Name of address of the Owner of the vehival as it stands on the date of the accident.	--
9	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	--
10	Name of Insurance policy/ Insurance Ceryificate and the date of validity of the insurance policy/ Insurance Ceryificate	--
11	Action taken if any and the result thereof	पोलीस तपासावर

FORM COMP AA

[See Rules २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars	Accident.
01	Name of the Police Station	-: Bhusawal taluka p.s.
02	CR.No./TAR No./SDE No.	-: Bhag 05 CCTNS No.0121,IPC-279,337,427
03	Date,Time,and Place of the accident	-: Date-05/07/2019 time-07 To 07.15, Bhusawal to negpur Highway road ,near Bus stand dipanagar,tal.Bhusawal,Dist-jalgaon
04	Name of the Injured/Diceased	-: 1) Sweta Ankush Zanke, Age-14, Add.-Nibhora bur. Tal-bhusawal- (Injured), 2) Jinay pradip mawale, Age-11, Add.- Nibhora bur. 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 & ST.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.	-: 1) Truck No. CG-०४/HN/७२५२ RTO johanpur(U.P) 2) ST.Bus No. MH-१२/CH/७८०५ RTO Pune.
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	-: .FIR Reg. Bhag 05 CCTNS No.0121,IPC-279,337,427 Sd/-- Police Inspector, Bhusawal taluka Police Station, Dist. Jalgaon.

FORM COMP AA

[See Rules २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars	Accident.
01	Name of the Police Station	-: Bhusawal taluka p.s.
02	CR.No./TAR No./SDE No.	-: Bhag 05 CCTNS No.0122,IPC-279,337,338,427,MV-184,134(B)
03	Date,Time,and Place of the accident	-: Date-29/06/2019 time-22.30, Bhusawal to Jamner Road near Rajgadh Hotel, Kurha panache, tal. Bhusawal, Dist-jalgaon
04	Name of the Injured/Diceased	-: 1) Swanda Suresh Badgujar, Age-44, Add.-Kurha panache Tal-

			bhusawal- (Injured),
05	Name of Hospital to which he/she was removed	:-	Nagarpalika hospital,Bhausawal.
06	No.of vehicles and type of the vehicles	:-	1) No.of vehicles-02,2) type of the vehicles- Aratika Car & motor cycyle
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) Aratika Car No.Unknown 2) motor cycyle No. MH-१९/९६९८ 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.0122,IPC-279,337,338,427,MV-184,134(B) Sd/-- Police Inspector, Bhusawal taluka 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.0125,IPC-304(a),279,427,MV-184,134(B)
03	Date,Time,and Place of the accident	:-	Date-10/07/2019 time-17.40, Bhusawal to Nagpur Highway Road near Fekari Uddan pool,Fekari,tal.Bhusawal,Dist-jalgaon
04	Name of the Injured/Diceased	:-	1) Vishal Anil Shinde,Age-25,Add.-Manyarkheda 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- Truck & motor cycyle
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	:-	1) Truck No.MH-२९/T/१८९१ 2) motor cycyle No. MH-१९/CS/९९५५ RTO Jalgaon.

	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 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	-	.FIR Reg. Bhag 05 CCTNS No.0125,IPC-304(a),279,427,MV-184,134(B) Sd/-- Police Inspector, Bhusawal taluka Police Station, Dist.Jalgaon.

FORM COMP AA

[See Rules २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Accident
01	Name of the Police Station	-	Bhusawal taluka p.s.
02	CR.No./TAR No./SDE No.	-	Bhag 05 CCTNS No.0126,IPC-279,337,338,427,MV-184,134(B)
03	Date,Time,and Place of the accident	-	Date-11/07/2019 time-16.30, Bhusawal to Nagpur Highway Road near Fekari Bypass,Fekari,tal.Bhusawal,Dist-jalgaon
04	Name of the Injured/Diceased	-	1) Vitthal Bhagavan Chaudhari, Age-40, Add.-Kandari Tal-bhusawal- (Injured),
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- Truck Trola & motor 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 Trola No.RJ-०९/GD/०३६० RTO,Ajmer 2) motor cycle No. MH-१९/BC/५३९६ 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.0126,IPC-279,337,338,427,MV-184,134(B) Sd/-- Police Inspector, Bhusawal taluka 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.
01	Name of the Police Station	-	Yawal
02	CR.No./TAR No./SDE No.	-	90/2019 IPC 304(A),279
03	Date,Time,and Place of the accident	-	Dt.05.07.2019 at 10:30 Am hrs SH Yawal to Bhusawal road, Nimgaon Shivar
04	Name of the Injured/Diceased	-	Sabir Ayuab Khatik Age 35 Year At- Yawal Tal-Yawal
05	Name of Hospital to which he/she was removed	-	Rural Hospital Yawal
06	No.of vehicles and type of the vehicles	-	Mini Doar Riksha No.MH ₹ 19 J- 7068
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.	-	Investigain officer not collect the document of vehical and acused draving licence
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/-- Police Inspector, Yawal 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.
01	Name of the Police Station	:-	Yawal
02	CR.No./TAR No./SDE No.	:-	99/2019 IPC 279,337
03	Date,Time,and Place of the accident	:-	Dt.28.07.2019 at 09:30 Am hrs SH Yawal to Chopad road, Sakali Shivar
04	Name of the Injured/Diceased	:-	Ravindra Anil patil Year At- Yawal Tal- Yawal
05	Name of Hospital to which he/she was removed	:-	Rural Hospital Yawal
06	No.of vehicles and type of the vehicles	:-	Ape Riksha No.MH ः 19 V 9447 & Brinja Kar N.MH. 19 CU 0879
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.	:-	Investigain officer not collect the document of vehical and acused draving licence
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/-- Police Inspector, Yawal 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.
01	Name of the Police Station	:-	Yawal
02	CR.No./TAR No./SDE No.	:-	100/2019 IPC 279,337,338
03	Date,Time,and Place of the accident	:-	Dt.28.07.2019 at 17:30 Am hrs SH Adgaon Manudevi road, Adgaon Shivar
04	Name of the Injured/Diceased	:-	Sumanbai Namdev Sapkale Age 45 Year At-Kasarkheda Tal- Yawal
05	Name of Hospital to which he/she was removed	:-	PHC Kingaon
06	No.of vehicles and type of the vehicles	:-	Hundai Kar N.MH. 19 BG 5505
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.	:-	Investigain officer not collect the document of vehical and acused draving licence
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/-- Police Inspector, Yawal Police Station, Dist.Jalgaon.