

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	३७२/२०१९ IPC-३०४(a), २७९, ३३७, ३३८, ४२७ MV ACT-१८४, १३४ (b)
०३	Date, Time, and Place of the accident	:-	२७/०४/२०१९ १२-०० pm masawad-boranar road jalgaon
०४	Name of the Injured/Diceased/death	:-	१) bhushan manohar kolte age-२५ add-sakegaon tal.bhusawal dis-jalgaon (injured) २) naresh raghunath patil age-३२ add.nimgaon tal.yawal dis-jalgaon
०५	Name of Hospital to which he/she was removed	:-	१) civil housepital jalgaon २) dr.ulhas patil medical collage sakegaon
०६	No.of vehicles and type of the vehicles	:-	Mo. Cy. And mo.cy.
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vicle १) motar cycle -mh.१९.dc.०३१२ Driver nam bhushan manohar kolte age-२५ add-sakegaon tal.bhusawal dis-jalgaon Lic no.mh.not avilable २) motar cycle - mh.१९.aj.६४६२ driver nam- ramkurshna narayan mahajan age-३९ add-vanjari br.tal-dharangaon tal.dis-jalgaon lic no.mh१९ २०१२०००१७२१
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	१) mh.१९.aj.६४६२ insurance united india insurance co.ltd in no-२३०५००३११८p१०९८७२५६४
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	१) mh.१९.aj.६४६२ insurance united india insurance co.ltd ins no-२३०५००३११८p१०९८७२५६४ Vaild date-३१/१०/२०१८ to ३०/१०/२०१९
११.	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 ૨૫૩૬, ૨૫૪ (c)(iii), ૨૫૪(૮), ૨૫૫(૧)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
૦૧	Name of the Police Station	:-	MIDC JALGAON
૦૨	CR.No./TAR No./SDE No.	:-	૩૮૮/૨૦૧૯ Ipc-૨૭૯, ૩૩૭, ૩૩૮, ૪૨૭ mv act-૧૮૪, ૧૩૪(b)
૦૩	Date, Time, and Place of the accident	:-	૧૯/૦૩/૨૦૧૯ ૦૦-૦૦ pm ૧૯/૦૩/૨૦૧૯
૦૪	Name of the Injured /Dceased/death	:-	૧) palak anil kohrani age- add-harshal apparment mohadi raod p n-૩, ૪ aadarsh nager jalgaon
૦૫	Name of Hospital to which he/she was removed	:-	Apex housepital jalgaon
૦૬	No.of vehicles and type of the vehicles	:-	Mo cy and school bus
૦૭	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 ૧) activa mo.cy no-mh.૧૯.ca.૬૬૬૦ Driver nam- kajal anil kohrani age-૪૦ Add- harshal apparment mohadi raod p n- ૩, ૪ aadarsh nager jalgaon Lic no.not avilable ૨) school bus -mh.૧૯.y.૬૦૦૧ Driver nam- arun pundlik patil age-૪૭ Add- ૧૧૨,kolipethold aasoda road jalgaon Lic no.mh.૧૯૨૦૦૭૦૦૧૮૬૩૧
૦૮	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
૦૯	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	૧) school bus hdfc ergo genral insurance co.ltd policy no-૨૩૧૪૨૦૨૨૫૭૯૬૨૭૦૦૦૦૦
૧૦	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	૧) school bus hdfc ergo genral insurance co.ltd policy no-૨૩૧૪૨૦૨૨૫૭૯૬૨૭૦૦૦૦૦ valid date-૧૯/૦૬/૨૦૧૮ to ૧૮/૦૬/૨૦૧૯
૧૧.	Action taken,if any,and the result thereof	:-	POLICE INVESTIGATION OF CONTINU FOR CRIMEi Sd/-- POLICE INSPECTR MIDC POLICE STATION DIST-JALGAON

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	४१२/२०१९ Ipc- ३०४(a), २७८, ३३७, ३३८, ४२७, mv act-१८४
०३	Date, Time, and Place of the accident	:-	०९/०५/२०१९ ०७-३० pm shirsoli-ramdev vadi raod nevyra maroti jalgaon
०४	Name of the Injured/Diceased/ death	:-	१) arjun indal rathod age-२५ add-ramdev wadi tal.dis jalgaon
०५	Name of Hospital to which he/she was removed	:-	Civil housepital jalgaon
०६	No.of vehicles and type of the vehicles	:-	Mo.cy. and tractor
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vicle १) hero hf dilax mo cy -mh.१९.dj.६४७० Driver nam- arjun indal rathod age-२५ add- ramdev wadi tal.dis jalgaon Lic no-not avillable २) tractor-trali -mh.१९.bg.०४८७ trali- mh.१९.sm.८२३३ driver nam- unkown lic no -not available
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	-
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	-
११.	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 २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	४१६/२०१९ IPC-३०४(a), २७९, ४२७ MV ACT-१८४, १३४ (b)
०३	Date, Time, and Place of the accident	:-	२१/०५/२०१९ १९-०० pm shirsolo road krushna laun jalgaon
०४	Name of the Injured/Diceased/ death	:-	१) mahendra shivaji patil age-२९ add- kusumba tal.dis jalgaon २) sager prakash sodanke age-२२ add- kusumba tal.dis jalgaon
०५	Name of Hospital to which he/she was removed	:-	civil housepital jalgaon
०६	No.of vehicles and type of the vehicles	:-	Mo. Cy. And mahendra pick up
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vicle १) motar cycle -mh.१९.ak.२६८१ Driver - mahendra shivaji patil age-२९ add-kusumba tal.dis jalgaon Lic no.mh.not avilable २) mahendra pick up -mh.३१.cb.९१३५ driver nam- ashok soniram bhil add- aadgaon tal.erondol dis-jalgaon lic no.-not avilable
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	--
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
११.	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 २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	४११/२०१९ IPC- २७९,३३७MV ACT-१८४,१३४ (b)
०३	Date,Time,and Place of the accident	:-	१९/०५/२०१९ २१-१५ pm neri nake chaudhari petrol pump jalgaon
०४	Name of the Injured /Dceased/death	:-	१) rafik ebaen bagvan age-५३ add- kasam vadi old majjid gali tal.bhusawal dis-jalgaon (injured)
०५	Name of Hospital to which he/she was removed	:-	civil housepital jalgaon
०६	No.of vehicles and type of the vehicles	:-	Mo. Cy. And car
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	one vicle १) motar cycle -mh.१९.bw.८०२४ Driver nam- rafik ebaen bagvan age-५३ add- kasam vadi old majjid gali tal.bhusawal dis-jalgaon Lic no.mh.not avilable
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	--
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
११.	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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

१	Name of police Station	Jalgaon City
२	CR.No /TAR No /SDE No-	जळगाव शहर पोस्टे भाग-५ गुरनं ७१/२०१९ कलम २७९,३३७,३३८,मो.व.का.१८४,१३४ ब
३	Date ,Time and Place of the Accident	जळगाव शहरातील एम जे रोड वरील प्रिती अँड जय दुकाना समोर जळगाव दि.२९/०५/२०१९ रोजी. १५/००
४	Name of the Deceased	-
५	Number of Hospital to which he/she was removed	-
६	Name of vehicles and type of the vehicles	ऑटो रिक्षा पलटी झाल्याने
७	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.	-
८	Name of address of the Owner of the vehival as it stands on the date of the accident.	--
९	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	--
१०	Name of Insurance policy/ Insurance Ceryificate and the date of validity of the insurance policy/ Insurance Ceryificate	--
११	Action taken if any and the result thereof	पोलीस तपासवर

FORM COMP AA

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

१	Name of police Station	Jalgaon City
२	CR.No /TAR No /SDE No-	जळगाव शहर पोस्टे भाग-५ गुरनं ७१/२०१९ कलम ३०४अ,२७९,३३८
३	Date ,Time and Place of the Accident	जळगाव शहरातील एम जे रोड वरील प्रिती अँड जय दुकाना समोर जळगाव दि.२९/०५/२०१९ रोजी. १०/३०
४	Name of the Deceased	हुसेन युसुफअली भारमल वय-८० रा.शिवाजीनगर जळगाव
५	Number of Hospital to which he/she was removed	-
६	Name of vehicles and type of the vehicles	मोसा व सायकल
७	Name of address of the Driver of the vehicul 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.	-
८	Name of address of the Owner of the vehival as it stands on the date of the accident.	--
९	Name of address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	--
१०	Name of Insurance policy/ Insurance Ceryificate and the date of validity of the insurance policy/ Insurance Ceryificate	--
११	Action taken if any and the result thereof	पोलीस तपासावर

FORM COMP AA

[See Rules २५३६, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	३७२/२०१९ IPC-३०४(a), २७९, ३३७, ३३८, ४२७ MV ACT-१८४, १३४ (b)
०३	Date, Time, and Place of the accident	:-	२७/०४/२०१९ १२-०० pm masawad-boranar road jalgaon
०४	Name of the Injured/Diceased/death	:-	३) bhushan manohar kolte age-२५ add-sakegaon tal.bhusawal dis-jalgaon (injured) ४) naresh raghunath patil age-३२ add.nimgaon tal.yawal dis-jalgaon
०५	Name of Hospital to which he/she was removed	:-	३) civil housepital jalgaon ४) dr.ulhas patil medical collage sakegaon
०६	No.of vehicles and type of the vehicles	:-	Mo. Cy. And mo.cy.
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vicle ३) motar cycle -mh.१९.dc.०३१२ Driver nam bhushan manohar kolte age-२५ add-sakegaon tal.bhusawal dis-jalgaon Lic no.mh.not avilable ४) motar cycle - mh.१९.aj.६४६२ driver nam- ramkurshna narayan mahajan age-३९ add-vanjari br.tal-dharangaon tal.dis-jalgaon lic no.mh१९ २०१२०००१७२१
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	२) mh.१९.aj.६४६२ insurance united india insurance co.ltd in no-२३०५००३११८p१०९८७२५६४
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	२) mh.१९.aj.६४६२ insurance united india insurance co.ltd ins no-२३०५००३११८p१०९८७२५६४ Vaild date-३१/१०/२०१८ to ३०/१०/२०१९
११.	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 ૨૫૩૬, ૨૫૪ (c)(iii), ૨૫૪(૮), ૨૫૫(૧)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
૦૧	Name of the Police Station	:-	MIDC JALGAON
૦૨	CR.No./TAR No./SDE No.	:-	૩૮૮/૨૦૧૯ Ipc-૨૭૯, ૩૩૭, ૩૩૮, ૪૨૭ mv act-૧૮૪, ૧૩૪(b)
૦૩	Date, Time, and Place of the accident	:-	૧૯/૦૩/૨૦૧૯ ૦૦-૦૦ pm ૧૯/૦૩/૨૦૧૯
૦૪	Name of the Injured/Diceased/death	:-	૨) palak anil kohrani age- add-harshal apparment mohadi raod p n-૩, ૪ aadarsh nager jalgaon
૦૫	Name of Hospital to which he/she was removed	:-	Apex housepital jalgaon
૦૬	No. of vehicles and type of the vehicles	:-	Mo cy and school bus
૦૭	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 ૩) activa mo.cy no-mh.૧૯.ca.૬૬૬૦ Driver nam- kajal anil kohrani age-૪૦ Add- harshal apparment mohadi raod p n- ૩, ૪ aadarsh nager jalgaon Lic no. not avilable ૪) school bus -mh.૧૯.y.૬૦૦૧ Driver nam- arun pundlik patil age-૪૭ Add- ૧૧૨, kolipethold aasoda road jalgaon Lic no. mh.૧૯૨૦૦૭૦૦૧૮૬૩૧
૦૮	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
૦૯	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	૨) school bus hdfc ergo genral insurance co.ltd policy no-૨૩૧૪૨૦૨૨૫૭૯૬૨૭૦૦૦૦૦
૧૦	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	૨) school bus hdfc ergo genral insurance co.ltd policy no-૨૩૧૪૨૦૨૨૫૭૯૬૨૭૦૦૦૦૦ valid date-૧૯/૦૬/૨૦૧૮ to ૧૮/૦૬/૨૦૧૯
૧૧.	Action taken, if any, and the result thereof	:-	POLICE INVESTIGATION OF CONTINU FOR CRIMEi Sd/-- POLICE INSPECTR MIDC 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		
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	४१२/२०१९ Ipc- ३०४(a), २७८, ३३७, ३३८, ४२७, mv act-१८४
०३	Date,Time,and Place of the accident	:-	०९/०५/२०१९ ०७-३० pm shirsoli-ramdev vadi raod nevyra maroti jalgaon
०४	Name of the Injured/Diceased/ death	:-	२) arjun indal rathod age-२५ add-ramdev wadi tal.dis jalgaon
०५	Name of Hospital to which he/she was removed	:-	Civil housepital jalgaon
०६	No.of vehicles and type of the vehicles	:-	Mo.cy. and tractor
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vicle ३) hero hf dilax mo cy -mh.१९.dj.६४७० Driver nam- arjun indal rathod age-२५ add- ramdev wadi tal.dis jalgaon Lic no-not avillable ४) tractor-trali -mh.१९.bg.०४८७ trali- mh.१९.sm.८२३३ driver nam- unkown lic no -not available
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	-
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	-
११.	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 ૨૫૩૬, ૨૫૪ (c)(iii), ૨૫૪(૮), ૨૫૫(૧)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
૦૧	Name of the Police Station	:-	MIDC JALGAON
૦૨	CR.No./TAR No./SDE No.	:-	૪૧૬/૨૦૧૯ IPC-૩૦૪(a), ૨૭૯, ૪૨૭ MV ACT-૧૮૪, ૧૩૪ (b)
૦૩	Date, Time, and Place of the accident	:-	૨૧/૦૫/૨૦૧૯ ૧૧-૦૦ pm shirsolo road krushna laun jalgaon
૦૪	Name of the Injured/Diceased/ death	:-	૩) mahendra shivaji patil age-૨૯ add- kusumba tal.dis jalgaon ૪) sager prakash sodanke age-૨૨ add- kusumba tal.dis jalgaon
૦૫	Name of Hospital to which he/she was removed	:-	civil housepital jalgaon
૦૬	No.of vehicles and type of the vehicles	:-	Mo. Cy. And mahendra pick up
૦૭	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 ૩) motar cycle -mh.૧૧.ak.૨૬૮૧ Driver - mahendra shivaji patil age-૨૯ add-kusumba tal.dis jalgaon Lic no.mh.not avilable ૪) mahendra pick up -mh.૩૧.cb.૧૧૩૫ driver nam- ashok soniram bhil add- aadgaon tal.erondol dis-jalgaon lic no.-not avilable
૦૮	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
૦૯	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	--
૧૦	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
૧૧.	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 २५३(३), २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
०१	Name of the Police Station	:-	MIDC JALGAON
०२	CR.No./TAR No./SDE No.	:-	४११/२०१९ IPC- २७९,३३७MV ACT-१८४,१३४ (b)
०३	Date,Time,and Place of the accident	:-	१९/०५/२०१९ २१-१५ pm neri nake chaudhari petrol pump jalgaon
०४	Name of the Injured /Diseased/death	:-	२) rafik ebaen bagvan age-५३ add- kasam vadi old majjid gali tal.bhusawal dis-jalgaon (injured)
०५	Name of Hospital to which he/she was removed	:-	civil housepital jalgaon
०६	No.of vehicles and type of the vehicles	:-	Mo. Cy. And car
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	one vicle २) motar cycle -mh.१९.bw.८०२४ Driver nam- rafik ebaen bagvan age-५३ add- kasam vadi old majjid gali tal.bhusawal dis-jalgaon Lic no.mh.not avilable
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
०९	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.	:-	--
११.	Action taken,if any,and the result therof	:-	POLICE INVESTIGATION OF CONTINU FOR CRIME Sd/-- POLICE INSPECTR MIDC POLICE STATION DIST-JALGAON

DAR FORM COMP AA

[See Rules २५३(३), २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
०१	Name of the Police Station	:-	Ramananda Nagar Police Station
०२	CR.No./TAR No./SDE No.	:-	CR NO.७६/१९ ipc २७९,३०४(A), mv act १८४,
०३	Date,Time,and Place of the accident	:-	Dt.११/०५/२०१९ at १९.०० hrs on Sant Mirabai Nagar to Khote Nagar Bus Stop Colony Road
०४	Name of the Injured/Diceased	:-	Diksha Sudhir Chavariya age ४ year address - Panduran Nagar, Near Sant Mirabai Nagar, jalgaon
०५	Name of Hospital to which he/she was removed	:-	First Apex Hospital, than Civil Hospital, Jalgaon
०६	No.of vehicles and type of the vehicles	:-	Maruti tour s MH१४HG३२०३ Four vhlr Car
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Name And Address Of The Driver :- Dhananjay Pandharinath Mali Add.:- Sant Mirabai Nagar, Nilkanth Housing So., Jalgaon , Driving License No. - MH१९ २०१९००१७६४४ Valid till - २३/०३/२०२१ MCWG AND LMV
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Dhananjay Pandharinath Mali Add.:- Sant Mirabai Nagar, Nilkanth Housing So., Jalgaon
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	New India assurance Co. Ltd. १२१५ १२th Flour, Naurang House, २१ Kasturba Gandhi Marg New Dehli ११००० Phone No. ०११२३३५८७५०-५ Service Tax Reg No. AAACN४१६५CST १७८ CIN NO. U९९९९MH१९१९Go१००५२०
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. ९८०००३११८०३०७४७७४४६ Period Of Cover :- ०२/०२/२०१९ to ०१/०२/२०२०
११.	Action taken,if any,and the result ther of	:-	Offence registered and Police Investigation is going on. then Statement of vittnesses 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 २५३(३), २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
०१	Name of the Police Station	:-	Ramananda Nagar Police Station
०२	CR.No./TAR No./SDE No.	:-	CR NO.८१/१९ ipc २७९,३३७,३३८,४२७, mv act १८४,१३४(B)
०३	Date,Time,and Place of the accident	:-	Dt.१८/०५/२०१९ at २२.०० hrs at National Highway No.६, Near Manraj Park
०४	Name of the Injured /Dceased	:-	१) Kishor Suresh Sapkale, २) Manaj Govinda Patil, ३) Abhimanyu Subhash Chaudhari ४) Ravindra Narayan Thudagar
०५	Name of Hospital to which he/she was Addmite	:-	Civil Hospital, Jalgaon
०६	No.of vehicles and type of the vehicles	:-	Swift Dzire MH१९AP०२८३ Four vhlr Car, Piaggio No. MH१९V९६०८ Three Vhiler, Hero HF Deluxe No. MH१९DD२५२३
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Name And Address Of The Driver :- Devendra Narendra Tayade Add.:- ३९९६, Near Marathi School, Nimkhedi. Jalgaon , Driving License No. - No Driving License
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Jivan Kautik Tayade Add.:- Nimkhedi. Post Pimprala, Jalgaon Old Highway, Near Ahuja Nagar, Jalgaon
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	Iffco Tokio Genta Insurance Co. Ltd. ५th Flour, Sona Complex, Opp M ward Office, १ St Road, Chembur Mumbai Maharashtra. Phone No. ०२२ २५२२५९०९
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. १-TVJWAEC P४०० # M२६५५७२१ Period Of Cover :- २२/०८/२०१८ to २१/०८/२०१९
११.	Action taken,if any,and the result ther of	:-	Offence registered and Police Investigation is going on. then Statement of vittnesses 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 २५३३, २५४ (c)(iii), २५४(८), २५५(१)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
०१	Name of the Police Station	:-	Bhusawal Bazarpath Police Station
०२	CR.No./TAR No./SDE No.	:-	CCTNS CR NO २९५/२०१९ IPC २७९,३३७,३३८ AND MV ACT १३४(A)
०३	Date,Time,and Place of the accident	:-	२२.०५.२०१९ TIME २३.४५ PLACE - UNDER BUSSTAND,NEAR NAVNATH RASWANTI, BHUSAWAL
०४	Name of the Injured/Diceased	:-	KUNAL RAMESH GAYKWAD AGE -२५, SHIVAJI NAGAR,BHUSAWAL
०५	Name of Hospital to which he/she was removed	:-	RAILWAY HOSPITAL BHUSAWAL
०६	No.of vehicles and type of the vehicles	:-	ONLY ONE MOTOR CYCLE (ACCUSED) AND INJURED PERSON IN PEDESTRIAN
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	BIPIN BHAGWANDAS PARTE- KANDARI VILLEGE,BHUSAWAL
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	-----
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	
११.	Action taken,if any,and the result therof	:-	. Sd/-- Police Inspector, Bazarpath 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		
०१	Name of the Police Station	:-	Bhusawal Bazarpath Police Station
०२	CR.No./TAR No./SDE No.	:-	CCTNS CR NO ३०२/२०१९ IPC २७९,३३७,३३८]४२७
०३	Date,Time,and Place of the accident	:-	२६.०५.२०१९ TIME ११.३० PLACE - NAHATA CHOUK, BHUSAWAL
०४	Name of the Injured/Diceased	:-	MAHENDRA ASHOK LOKHANDE -५४ ADD- NEAR GANDHI CHOUKI,BHAJI GALLI,BHUSAWAL
०५	Name of Hospital to which he/she was removed	:-	SAIPUSHPA HOSPITAL DR NILESH MAHAJAN, BHUSAWAL
०६	No.of vehicles and type of the vehicles	:-	ACCUSED- TRUCK NOMH-१८-AA-९६७० AND INJURED PERSON VEHICLE IS MCYC MH-१९-AT-८१७७
०७	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	
०८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	-----
०९	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
१०	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	
११.	Action taken,if any,and the result therof	:-	Sd/-- Police Inspector, Bazarpath Police Station, Dist.Jalgaon.

FORM COMP AA

[See Rules ૨૫૩૬, ૨૫૪ (c)(iii), ૨૫૪(૮), ૨૫૫(૧)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
૦૧	Name of the Police Station	:-	Chopda city p.s.
૦૨	CR.No./TAR No./SDE No.	:-	Cr no.૭૫/૧૧ ipc ૩૦૪(A), ૨૭૧, ૩૩૭, ૩૩૮] ૪૨૭, mv act ૧૮૪, ૧૩૪(B)
૦૩	Date,Time,and Place of the accident	:-	૧૨/૫/૧૧ time ૦૬.૦૦ Chopda TO SHIRPURA ROAD NEAR AKULKHEDA AND KAJIPURA
૦૪	Name of the Injured/Diceased	:-	INJURED :- ૧)SAGAR NARENDRA PATIL RES-AJNAD TAL SHIRPUR DICEASED-૧)NAMDEV GULAB KOLI RES-MANJROD TAL SHIRPUR ૨)KISHOR GAJANAN BIRHADE RES-BHATPURA TAL SHIRPUR ૩)ANIL DASHRATH JADHAV TAL BABHTAL TAL SHIRPUR
૦૫	Name of Hospital to which he/she was removed	:-	Civil Hospital Chopda Tal Chopda
૦૬	No.of vehicles and type of the vehicles	:-	TATA CONTAINER Vs INDIGO CAR
૦૭	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.
૦૮	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
૦૯	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	--
૧૦	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
૧૧.	Action taken,if any,and the result thereof	:-	.

Police Inspector,
Chopda city Police Station,
Dist.Jalgaon.

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
१.	Name of the Police Station	:-	savda
२.	CR.No./TAR No./SDE No.	:-	१२/२०१९
३.	Date,Time,and Place of the accident	:-	२८/०४/२०१९ kocur to rozoda rod
४.	Name of the Injured/Diceased	:-	head Injure
५.	Name of Hospital to which he/she was removed	:-	nucleus Hospital jalgaon
६.	No.of vehicles and type of the vehicles	:-	motor cycle mh १९ ch ३४०९
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.	:-	bhaliram rupa kud at.pot.rozoda.raver
८.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	gajanan tatan ghule at.pos.kanhkle tal. bushawal
९.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	--
१०.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
११.	Action taken,if any,and the result thereof	:-	Sd/-- Police Inspector, Dist. Jalgaon.

मा.सविनय सादर

Sd

सहा.पोलीस निरी.सावदा पो.स्टे.

May-2019

FORM COMP AA

[See Rules 243, 244 (c)(iii), 244(2), 244(4)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
१.	Name of the Police Station	:-	Nashirabad
२.	CR.No./TAR No./SDE No.	:-	CR No २८/२०१९ IPC २७९.३३७ M.V.१८४,१३४(B)
३.	Date,Time,and Place of the accident	:-	Date २६.०४.२०१८ time AM ०४.१५ NH-०६ Near Nashirbad shivar munjoba temple
४.	Name of the Injured/Diceased	:-	Name Of Injured -sachin Shamrao Pilcni
५.	Name of Hospital to which he/she was removed	:-	Dr.ulhas patil hospital jalgaon khurd
६.	No.of vehicles and type of the vehicles	:-	Car-No.MH-०३-CH-००९५
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.	:-	Doument are not submitted
८.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Doument are not submitted
९.	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
१०.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
११.	Action taken,if any,and the result therof	:-	

May-2019

FORM COMP AA

[See Rules 243, 244 (c)(iii), 244(2), 244(4)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		Remarks.
୧.	Name of the Police Station	:-	Nashirabad
୨.	CR.No./TAR No./SDE No.	:-	CR No ୩୦/୨୦୧୯ IPC ୨୭୯.୩୩୭ M.V.୧୮୪,
୩.	Date,Time,and Place of the accident	:-	Date ୦୭.୦୪.୨୦୧୮ time PM ୦୪.୦୦ NH-୦୬ Near Manyarkhade shivar
୪.	Name of the Injured/Diceased	:-	Name Of Injured - Abdul AdMan kureshi
୫.	Name of Hospital to which he/she was removed	:-	Civil hospital jalgaon
୬.	No.of vehicles and type of the vehicles	:-	Moter cycal No MH-୧୧-CD and car No-MH-୨୦-BN-୩୮୧
୭.	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
୮.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Doument are not submitted
୯.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Ofcece of the said Insurance Company.	:-	Doument are not submitted
୧୦.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
୧୧.	Action taken,if any,and the result therof	:-	