

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	:-	Adawad
02	CR.No./TAR No./SDE No.	:-	23/2019 IPC 279,337,338,427 MV.ACT.184,134(B)
03	Date,Time,and Place of the accident	:-	20/03/2019, Time 21-30, Place- Rod DHANORA to JALGAON ROAD NEAR DEOGAON PAT CHARI ROAD.
04	Name of the injured/Diceased	:-	Swpanil rupsing patil 2)Pradi ishwar chaudhari 3) Kiran ramchand patil 4) Murlidhar patil 5) Shivram pandit More 6) Amrat jayram mahajal all lived at deogaon ta.chopada
05	Name of Hospital to which he/she was removed	:-	--
06	No.of vehicles and type of the vehicles	:-	Accused – Ape rikshawa no.
07	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	UNDETECT
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	UNDETECT
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	UNDETECT
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	UNDETECT
11.	Action taken,if any,and the result therof	:-	Sd/-- Police Inspector, Adawad 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	:-	Adawad
02	CR.No./TAR No./SDE No.	:-	25/2019 IPC 304(A)279,337,338,427 MV.ACT.184,
03	Date,Time,and Place of the accident	:-	25/03/2019, Time beteween 10-00 Am to 11.00 , Place- Rod Chopda to Yawal road mangrul Fata
04	Name of the injured/Diceased	:-	1) Yashwant Laxman Waghle (Ded)At.po. 2) Hiralal devidas Jadhav (injured) AT po Sakili ta,Yawal
05	Name of Hospital to which he/she was removed	:-	--
06	No.of vehicles and type of the vehicles	:-	Accused - Motar cycle no MH.19.AD.4671 victimstRUcK NO.MH 18 M 9637
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.	:-	ABHIMAN SHARAVAN AHIRE AGE-43 At.po.BADANE Ta.SATANA Dt.NASHIK
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	UNDETECT
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	UNDETECT
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	UNDETECT
11.	Action taken,if any,and the result therof	:-	Sd/-- Police Inspector, Adawad 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	:-	Adawad
02	CR.No./TAR No./SDE No.	:-	26/2019 IPC 279,427 MV.ACT.184,
03	Date,Time,and Place of the accident	:-	28/03/2019, Time 16-45 Place- Rod DHANORA to JALGAON road on corner of deogaon patvhari road
04	Name of the injured/Diceased	:-	1) ---
05	Name of Hospital to which he/she was removed	:-	--
06	No.of vehicles and type of the vehicles	:-	Accused - santro car no MH.01.VA.8262 victims S.T. bus NO.MH 14 BT2083 M 9637
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.	:-	Rajmal gokul borase Chopda bus depot
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	STATE TRANSPORT MAHARASTRA
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	UNDETECT
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	UNDETECT
11.	Action taken,if any,and the result therof	:-	Sd/-- Police Inspector, Adawad 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	:-	Chalisgaon city
02	CR.No./TAR No./SDE No.	:-	100/2019 ipc,279,337,338,427,m v act 184,
03	Date,Time,and Place of the accident	:-	11/03/19 21.30 pm chalisgaon trimurti bekri javal
04	Name of the Injured/Diceased	:-	Suraj ramdas mane injured at ozar tal chalisgaon
05	Name of Hospital to which he/she was removed	:-	Sai krushna hospital chalisgaon
06	No.of vehicles and type of the vehicles	:-	Omni no mh18, y 1696
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.	:-	Riksh no mh 19 bu 2849
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Suraj ramdas mane {riksh}
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 thereof	:-	Sd/-- Police Inspector, Chalisgaon 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	:-	Chalisingaon city
02	CR.No./TAR No./SDE No.	:-	103/2019 ipc,304 A,279,337,338,427,m v act 184, 134 b
03	Date,Time,and Place of the accident	:-	14/03/19 05.30 pm chalisingaon dhule raod brij conar
04	Name of the Injured/Diceased	:-	Bandu babulal gayakwad {death}
05	Name of Hospital to which he/she was removed	:-	Rular hospital chalisingaon
06	No.of vehicles and type of the vehicles	:-	--
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.	:-	Mh 04 eb 3470
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknoun
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	:-	Sd/-- Police Inspector, Chalisingaon 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		Detail
01	Name of the Police Station	:-	Chalisgaon gramin
02	CR.No./TAR No./SDE No.	:-	155/19 Ipc 279, 337, 338, 427 M.V. Act 184,
03	Date,Time,and Place of the accident	:-	Dated 22/03/2019 on 15.00 to 15.30 At between Waghali to borkheda village near vitthal patil form.
	Name of the Injured/Diceased	:-	1) Sau. Kusum Prakash Jadhav, (Injured) 2) Prakash devchand Jadhav, both a/p Bramhanshevage tal-chalisgaon (Injured)
05	Name of Hospital to which he/she was removed	-	1) Sau. Kusum Prakash Jadhav, (Injured) matoshree hospital chalisgaon 2) Prakash devchand Jadhav, both a/p Bramhanshevage tal-chalisgaon (Injured) matoshree hospital chalisgaon
06	No.of vehicles and type of the vehicles	:-	1) Truck No. UP-72-AT-4902 2) Honda dream motor cycle No, MH-41-Ay-1272
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. UP-72-AT-4902 Rukhsar Mohrli Ahmad, age-22, a/p Dhariya post sultanpur, tal-raniganj, dist-pratapgarh, UP 2) Honda dream motor cycle No, MH-41-Ay-1272- Prakash devchand Jadhav, both a/p Bramhanshevage tal-chalisgaon
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Truck No. UP-72-AT-4902- mohmad Ansar sheikh, a/p Pratap Garh badshapur road, U.p 2) Honda dream motor cycle No, MH-41-Ay-1272 Nilesh Jagannath Zalte, a/p Yeola road Manmad, Dist Nasik
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,ifany,and the result therof	:-	On police investigation Sd/-- Police Inspector, Chalisgaon 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.31/19 ipc 279, 337, 427, mv act 184
03	Date,Time,and Place of the accident	:-	01/3/19 time 11.50 Chopda ANAND RAJ PALACE ON FRONT ROAD
04	Name of the Injured/Diceased	:-	INJURED :- 1)IBRAHIM SHEKH ISMAIL SHEKH AGE 25 ADD MOMIN ALI CHOPDA] 2)HAMJEKHA HASANKHA PATHAN AGE 55 ADD BHADGAON PACHORA
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-19-BT-2081 Vs motor cycle MH-19-CT-1481
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 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	:-	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.33/19 ipc 304(A), 279, 337 mv act 184
03	Date,Time,and Place of the accident	:-	2/3/19 time 17.30 Chopda To SHIRPUR BYPASS ON ROAD
04	Name of the Injured/Diceased	:-	DICEASED-ADV.ANIL GANGARAM PATIL AGE 35 ADD AMALNER Injured :- GOPAL SHALIKRAO SONWANE AGE 30 ADD GURUKUL COLONY AMALNER
05	Name of Hospital to which he/she was removed	:-	Civil Hospital Chopda Tal Chopda
06	No.of vehicles and type of the vehicles	:-	MARUTI MH-18-BC-6537
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 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	:-	. 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.34/19 ipc 279, 337,338,427 mv act 184, 134(B)
03	Date,Time,and Place of the accident	:-	3/3/19 time 18.00 Chopda To AKULKHEDA ROAD GIRIRAJ LONS NEAR
04	Name of the Injured/Diceased	:-	Injured :- 1)RAHUL KRUSHNA SONWANE AGE 27 ADD AKULKHEDA TAL CHOPDA, 2)JUMESH RAJENDRA KOLI ADD AKULKHEDA TAL CHOPDA, 3)GOPAL NARAYAN MAHAJAN ADD LASUR TAL 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	:-	TRUCK RJ-05-GA-3657, MOTOR CYCLE MH-19-DH-7644, MOTOR CYCLE MH-19-DC-9646
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 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	:-	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.38/19 ipc 304(A). 279, 337,338,427 mv act 184, 134(B)
03	Date,Time,and Place of the accident	:-	3/3/19 time 18.00 Chopda To AKULKHEDA ROAD GIRIRAJ LONS NEAR
04	Name of the Injured/Diceased	:-	DICEASED- DNYOJODDIN SHEKH KAMRODDIN MUJAWAR AGE 50 ADD BELDAR ALI CHOPDA Injured :- 1)DAGDU SHEKH ISA KHATIK AGE 64 2)NASARU ULLAKHAN AHMEDKHAN, 3)SHEKH ARIF SHEKH RASHID ALL OF ADDR. 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	:-	TRUCK GJ-25-U-7830, INDICA VISTA CAR MH-19-BJ-0182
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 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	:-	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.40/19 ipc 304(A). 279, 337,338,427 mv act 184, 134(B)
03	Date,Time,and Place of the accident	:-	14/3/19 time 10.30 Chopda To DHARANGAON ROAD
04	Name of the Injured/Diceased	:-	DICEASED- BHUPENDRAKUMAR LEKHARAM BATHAM AGE 35 ADDR. NAWABGANJ UP Injured :- 1)JAGDISH SAKHARAM KOLI AGE 30 ADDR.BORAJANTI TAL CHOPDA 2)PANKAJ AJAYPAL KASHYAP ADDR. TARAMATI 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	:-	TRUCK CG-04-JD-3895, CHOTA HATHI MH-19-BM-4786
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 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	:-	Police Inspector, Chopda city Police Station, Dist.Jalgaon.

FORM COMP AA
(SEE FULES 2530c254(c)(iii),254(8),255(i)(iv))
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Sr.No.	Particulars	Remarks
1	Name of the police station	Faizpur
2	C.R.No./RAR No. / SDE No.	२४/१९ IPC ३०४ A,२७९
3	Date .Time and place of the accident	दि.२८/०३/१९ रोजी स ाळी ११.३० वा. बाम गोद ते आमोदा रोडवर मनाली हॉटेलजवळ
4	Name of the injured/Diceased	सैय्यद आमीन सैय्यद रफी वय ४० रा. मुल्लावाडा बाम गोद ता.यावळ (मयता)
5	Name of Hospital to which he/she was removed	Civil Hospital Jalgaon
6	No.of vchiles and type of the vehicles	न्टेनर नंबर एच.आर.७३ ए.९२४३, मयताची मो.सा. एम.एच.१९ बी. १०२१
7	Name and address of the driver of the vehicle with particulars of Driving License of the said Driver and the address of the Issuing Authority of the said Driving License . The number of Badbe in case of public Service vehicle and address of the Issuing Authorty of the said Badge	मुबीन ान सनोफ मम्मन ान वय ३० रा. दिहाना ता.नुहु जि.नुहु हरीया ा Licence No. MP. ३० R - २०१८ -००३९४१२ ग्राम पिथानपुरा , अटेर मध्यप्रदेश
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	अनिता संजय मली रा. नयी ालोनी पलवल हरीया ा दि.२८/०३/१९ रोजी घरी होती.
9	Name and Address of the Insurance Company with Whom the vehicle was insured and the Divisional Offece of the said Insurance Company	युनाईटेड इंडीया इन्सुरेन्स ंपनी लि. फरीदाबाद हरीया ा
10	Number of Insurance Policy/Insurance Certificate and the Date of validity of the indurance Policy /Insurance Certificate	पोलीसी नं. २२२१०२३११८P११६१०८६४८ दि.१७/०३/१९ ते दि.१६/०३/२०
11	Action taken if any and the result therof	Police inspector Dist.Jalgaon

REPORT ABOUT THE VEHICLES ACCIDENTS

Sr.no.	Particulars	Remarks
1	Name of the Police Station	जिल्हापेठ पो. स्टे. जळगाव
2	CR.No./TAR No./SDE No.	भाग ५ गुरनं.५४ /१९ भादवि कलम २७९,३३७,३३८ सह मो.व्ही.ॲक्ट कलम १८४,१३४(ब) प्रमाणे.
3	Date, Time and Place if the Accident	दि. १६-०३-२०१९ रोजी सायंकाळी १९.०० ते १९.१५ वाजेच्या दरम्यान जळगाव शहरात पंचमुखी हनुमान रोडवर शनीमंदीर समोर रोडवर सार्वजनिक जागी.
4	Name if the Injured / Diceased	१) बाबुलाल देवराम चावरे वय ६५ रा.काव्यरत्नावली चौक,जाणता राजा जिमच्या मागे,जळगाव, २)मधुकर रामचंद्र पाटील रा.भुसावळ, ३)शारदाबाई गणपत पारधे वय ६० रा.पांडे चौक परिसर,जळगाव, ४) जिजाबाई रमेश राजपुत वय ५५ रा दौलत नगर,जळगाव , ५) मधुकर काळु कोळी वय ६५ रा. तुकारामवाडी,जळगाव
5	Name if Hospital to which he / she was removed	सिद्धील हॉस्पिटल जळगाव
6	No.of Vehicles and type if the vihecles	MH १९ CY २५८१ व पादचारी
7	Name and Adress of the driver if the vehicle with particulars or Driving License if the said Driver and the Address if the issuing Authority if the said Driving Liences. The number if Badge in case if Public Service Vehicle and address if the Issuing Authority of the said Badge.	अज्ञात
8	Name and Adress of Owner of the vehicle as it stands on the date of the accident	मो.सा. क्र. MH १९ CY २५८१ वरील चालक नावगाव माहित नाही
9	Name and Adress of the Insurance Company with Whom the vehicle was insured and Divisional office if the said Insurance Company	MH १९ CY २५८१
10	Number of Insurance Policy/ Insurance certificate and the date of validity of the Insurance Policy/ Insurance certificate	MH १९ CY २५८१
11.	Action taken, if any, and the result therof	गुन्हा तपासावर

REPORT ABOUT THE VEHICLES ACCIDENTS

Sr.no.	Particulars	Remarks
1	Name of the Police Station	जिल्हापेठ पो. स्टे. जळगाव
2	CR.No./TAR No./SDE No.	भाग ५ गुरनं.५८ /१९ भादवि कलम २७९,३३७,३३८,१८४ प्रमाणे..
3	Date, Time and Place if the Accident	दि. २७/०३/२०१९ रोजी २१/३० वा. पोलीस लाईन जळगाव
4	Name if the Injured / Diceased	म.पो.काँ २३६९ सुवर्णा योगेश पाटील वय २८ धंदा नोकरी रा बॉम्बे टाईप GG पोलीस लाईन जळगाव व फियारूदीची बहीण
5	Name if Hospital to which he / she was removed	पल्स हॉस्पिटल जळगाव
6	No.of Vehicles and type if the vihecles	अज्ञात मोटार सायकल चालक
7	Name and Adress of the driver if the vehicle with particulars or Driving License if the said Driver and the Address if the issuing Authority if the said Driving Liences. The number if Badge in case if Public Service Vehicle and address if the Issuing Authority of the said Badge.	अज्ञात
8	Name and Adress of Owner of the vehicle as it stands on the date of the accident	अज्ञात
9	Name and Adress of the Insurance Company with Whom the vehicle was insured and Divisional office if the said Insurance Company	अज्ञात
10	Number of Insurance Policy/ Insurance certificate and the date of validity of the Insurance Policy/ Insurance certificate	अज्ञात
11.	Action taken, if any, and the result therof	गुन्हा तपासावर

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.	:-	246/2019 IPC- 279,337,338,427 MV ACT-184,134 b
03	Date,Time,and Place of the accident	:-	14/03/2019 01-00 ajintha chufully tal.dis-algaon
04	Name of the Injured/Diceased	:-	1) dipak murlidhar thakur 2) kumar ram gurun both add-sager kirana ram nager tal.dist-jalgaon
05	Name of Hospital to which he/she was removed	:-	civil housepital jalgaon Jj housepital mumbai
06	No.of vehicles and type of the vehicles	:-	Mo. Cy. And car
07	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vicle 1) car-mh.47.tc-a-789 Driver nam-shashi kumar shigh add-Shivpur,jamalpur dis-mirzapur (u.p) Lic no.up65 19920003331 2) motar cycle -mh.19.bk.9822 driver nam- kumar ram gurun age-25 add-sager kirana ram nager tal.dist-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 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	:-	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.	:-	252/2019 Ipc-279,337,427 mv act-184
03	Date,Time,and Place of the accident	:-	28/03/2019 18-30 jalgaon -aurangabad road umala ghat narsari javd jalgaon
04	Name of the Injured/Diceased	:-	Kishor mukunda tekam age-40 add-tilak nagar jain tempal sillod dis-jalgaon
05	Name of Hospital to which he/she was removed	:-	--
06	No.of vehicles and type of the vehicles	:-	St bus and eicher
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) st bus no-mh.40.h.9763 Kishor mukunda tekam age-40 add-tilak nagar jain tempal sillod dis-jalgaon Lic no.not available 2) eicer-mh.12.au.6030 driver nam- saiyad nayem sahiK age-40 add-rahimana volony galli no.10 eliyash majid near aurangabad lic no-mh20 20070290000
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.	:-	Bajaj alianze insurance co.ltd pune
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.No.	Particulars		
01	Name of the Police Station	:-	MIDC JALGAON
02	CR.No./TAR No./SDE No.	:-	233/2019 Ipc- 279,337,427, mv act-184,134 b
03	Date,Time,and Place of the accident	:-	20/03/2019 11-35 14-00 vawada village Dist Tal. Jalgaon
04	Name of the Injured/Diceased	:-	dilip vikram ravandale age 60 add-p-24 anand nager devpur Dist dhule
05	Name of Hospital to which he/she was removed	:-	Civil housepital jalgaon
06	No.of vehicles and type of the vehicles	:-	Tata zest car & tata mixer
07	Name and address of the driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of Public Service Vehicle and address of the Issuing Authority of the said Badge.	:-	Two vehicle 01. tata zest car car-mh.18.aj.6879 Driver nam- dilip vikram ravandale age 60 add-p-24 anand nager devpur Dist dhule Lic no.mh18 19780001439 tata mixer -mh.15.ck.6145 driver name- vasim email tambodi age 30 add- sambhaji nager Tal-pachora Dist Jalgaon lic no -not available
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	--
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1.Tata zest insurance Tata aig genral insurance co.ltd Ins.no-0146421990\ 1.tata mixer insurance reliance insurance co.ltd Ins.no-704211723430000380
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1.Tata zest insurance Tata aig genral insurance co.ltd Ins.no-0146421990 Vaild date-10/11/2017 to 09/11/2017 2.tata mixer insurance reliance insurance co.ltd Ins.no-704211723430000380 Vaild date-01/01/2018 to 30/06/2019
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	:-	Pachora Police Station
02	CR.No./TAR No./SDE No.	:-	CR No.44/2018 IPC 304(A),279,337,338,427
03	Date,Time,and Place of the accident	:-	27/3/2019 - 04/30am Jalgaon Raod in Nadra to Hudson near Kashinath Bhagwan Patil farm
04	Name of the Injured/Diceased	:-	Sharadc Yuvraj Patil (Fatel)
05	Name of Hospital to which he/she was removed	:-	Rural Hospital Pahora
06	No.of vehicles and type of the vehicles	:-	I20 Car MH-19-CF-3848 Motor Cycle MH-19-BR- 1166
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.	:-	Mohmmad Amin Mohmmad Taher At- Nagardevla Tal-Pachora MH1920090001123
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Bharatsing Mohansing Patil At-Khandesh Mill colony Ring Road Jalgaon
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	Bajaj Allianz, 2 nd floor,Patna Height
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	HBZ/11482726 date- 20/10/2019,opp Omkareshwar Mandir, Jay nagar, Jalgaon
11.	Action taken,if any,and the result therof	:-	Investigation in progress

Sd/-
Police Inspector,
Pachora Police Station,Dist.Jalgaon.

DAR FORM COMP AA
[See Rules 253©,254 (c)(iii),254(8),255(1)(iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
01	Name of the Police Station	:-	Ramanand Nagar Police Station
02	CR.No./TAR No./SDE No.	:-	CR NO.50/2019 U/S 279,337,338 ,304-A , mv act 184
03	Date,Time,and Place of the accident	:-	Dt.27/3/19 at 0720 hrs Near pooja hotel, national highway no.6, jalgaon
04	Name of the Injured/Diceased	:-	Dhiraj kashinath chaudhari , age 19, add - mehrun jalgaon
05	Name of Hospital to which he/she was removed	:-	Ganapati Hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	Two vehicles -1] BUS no. MH 20 BL 2993 2] motorcycle no. MH 19 CN 913
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) BUS no. MH 20 BL 2993 Driver name- Rajesh liladhar patil Age- 40 Add- bhusaval DL NO. - MH 19 20080036430 Issuing authority - Jalgaon RTO 2- motorcycle no. MH 19 CN 913 DL NO. - MH1920080025757 Issuing authority - Jalgaon RTO
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) BUS no. MH 20 BL 2993 2- motorcycle no. MH 19 CN 913 Owner name - Dhiraj kashinath chaudhari , age 19, add - mehrun jalgaon
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Offece of the said Insurance Company.	:-	United india insurance corporation ltd jalgaon
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No. 2310003118p109005603 Period Of Cover:- 12/10/18 to 11/10/2019
11.	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 both vehicles not completed. . Sd/-- Police Inspector, Ramananad Nagar Police Station, Dist.Jalgaon.

FORM COMP AA *Fatale*
[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	:- Raver.
02	CR.No./TAR No./SDE No.	:- 41/2019 IPC 304-(A) ,279,337,338,427 MVA 184, 134(B)
03	Date,Time,and Place of the accident	:- Da.- 09/03/2019, Time - 23/50 Raver - Burhanpur Road, Near Karjod Village.
04	Name of the Injured/ <i>Diceased</i>	:- Sanjay Kashinath Mahajan Age - 51 Add.- Shikarpura, Burhanpur.
05	Name of Hospital to which he/she was removed	:- Civile Hospital, Burhanpur.
06	No.of vehicles and type of the vehicles	:- 1Hero Honda Bike No. MP.12.MA.8811 2) Eicher Truck No. DL.01.GC.0298
07	Name and Add.the driver of the vehicle particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge case of Public Service Vehicle and address Issuing Authority of the said Badge.	:- Radhakisan Kevaldas Mehta Age- 71 Add.- Asirgadh Tal.-Nepanager Dist.- Burhanpur
08	Name and Add.the Owner of the vehicle as it on the date of the accident.	:- ---
09	Name and Address of the Insurance Company whom the vehicle was insured and the Division Office of the said Insurance Company.	:- ---
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- ---
11	Action taken,if any,and the result thereof	:- -- Sd/-- Police Inspector, Raver Police Station, Dist.Jalgaon.

FORM COMP AA
[See Rules 253,254 (c)(iii),254(8),255(1)(iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

	Particulars	Remarks
01	Name of the Police Station	:- Raver.
02	CR.No./TAR No./SDE No.	:- 38/2019 IPC 279,337,338,427 MVA 184, 134 - (B)
03	Date,Time,and Place of the accident	:- Da.- 04/03/2019, Time - 17/30 Raver - Burhanpur Road, Near Karjod Village.
04	Name of the Injured/Diceased	:- Ashok Basi Jave Age - 51 Occu.- Sweeper, Add.- Kumbharkheda Tal.-Raver
05	Name of Hospital to which he/she was removed	:- Rular Hospital, Raver.
06	No.of vehicles and type of the vehicles	:- 1) Hero Splender Bike No. MH.19.AL.0923 2) Swipt Dezire No. MH.19.CU.2750
07	Name and address of the driver of the vehicle with particulars or Driving License of the 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 said Badge.	:- Sunil Bhagwat Patil Age- 43 Add.- Kerhale Tal.-Raver
08	Name and Add. the Owner of the vehicle as it stands on the date of the accident.	:- ---
09	Name and Add.of the Insurance Company with the vehicle was insured and the Divisional Office of the said Insurance Company.	:- ---
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- ---
11	Action taken,if any,and the result thereof	:- -- Sd/-- Police Inspector, Raver 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	Raver.
02	CR.No./TAR No./SDE No.	39/2019 IPC 279,337,338,427 MVA 184
03	Date,Time,and Place of the accident	Da.- 05/03/2019, Time - 17/00 Raver - Burhanpur Road, Near Suki River Bridge.
04	Name of the Injured/Diceased	Md. Tausif Md. Rashid Age - 24 Occu.- Auto Driver, Add.- Sardar Patel Yard, Burhanpur.
05	Name of Hospital to which he/she was removed	Rular Hospital, Raver.
06	No.of vehicles and type of the vehicles	1) Auto Rikshaw No. MP.68.R.0429 2) Eicher Truck No. MH.19.Z.1453
07	Name and Add.the driver of the vehicle with part or Driving License of the said Driver and the address of the Issuing Authority said Driving License.The number of Badge in case of Public Service Vehicle and address Issuing Authority of the said Badge.	Farukh Khan Jamil Khan Age- 35 Add.- Asirgadh Tal.-Nepanager Dist.- Burhanpur
08	Name and Add.the Owner of the vehicle as it sta the date of the accident.	---
09	Name and Address of the Insurance Company whom the vehicle was insured and the Divi 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, Raver 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	Raver.
02	CR.No./TAR No./SDE No.	42/2019 IPC 279,337,338,427 MVA 184
03	Date,Time,and Place of the accident	Da.- 10/03/2019, Time - 19/30 Raver - Burhanpur Road, Near Bhokari Village.
04	Name of the Injured/Diceased	Jagdish Punamchand Mahajan Age - 25 Add.- Itwara, Burhanpur.
05	Name of Hospital to which he/she was removed	Civil Hospital, Burhanpur.
06	No.of vehicles and type of the vehicles	Hero Passion Bike No. MP.12.MF.9972
07	Name and Add.the driver of the vehicle with part or Driving License of the said Driver and the address of the Issuing Authority said Driving License.The number of Badge in case of Public Service Vehicle and address Issuing Authority of the said Badge.	Suresh Chaganlal Bhavsar Add.- Itwara, Burhanpur. (Injured & Accuse Both Are Double Seat On The Bike)
08	Name and Add.the Owner of the vehicle as it stands on the date of the accident.	---
09	Name and Address of the Insurance Company whom the vehicle was insured and the Division Office of the said Insurance Company.	---
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	---
11	Action taken,if any,and the result thereof	-- Sd/-- Police Inspector, Raver Police Station, Dist.Jalgaon.

FORM COMP AA
 [See Rules 253,254 (c)(iii),254(8),255(1)(iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

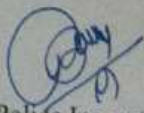
Sr. No.	Particulars	Remarks
01	Name of the Police Station	:- Raver.
02	CR.No./TAR No./SDE No.	:- 44/2019 IPC 279,337,338,427 MVA 184
03	Date,Time,and Place of the accident	:- Da.- 14/03/2019, Time - 09/30 Raver - Burhanpur Road, Near Karjod Village.
04	Name of the Injured/Diceased	:- 1) Ganesh Gopal Dhanger Age-26 2) Ishwar Bhagwan Savale Age- 30 Both Add.- Ahirwadi Tal.- Raver.
05	Name of Hospital to which he/she was removed	:- Rular Hospital, Raver.
06	No.of vehicles and type of the vehicles	:- 1) Hero Passion Bike No. MH.19.AX.8928 2) TATA Magice No. MP.68.T.0173
07	Name and Add.the driver of the vehicle with part or Driving License of the said Driver and the address of the Issuing Authority said Driving License.The number of Badge in case of Public Service Vehicle and address Issuing Authority of the said Badge.	:- Vijay Suklal Wagh Add.- Raver
08	Name and Add.the Owner of the vehicle as it stands on the date of the accident.	:- ---
09	Name and Address of the Insurance Company whom the vehicle was insured and the Division Office of the said Insurance Company.	:- ---
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- ---
11	Action taken,if any,and the result thereof	:- -- Sd/-- Police Inspector, Raver 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	Raver.
02	CR.No./TAR No./SDE No.	47/2019 IPC 279,337,338,427 MVA 184
03	Date,Time,and Place of the accident	Da.- 21/03/2019, Time - 22/00 Raver - Burhanpur Road, Near Chorwad Village.
04	Name of the Injured/Diceased	1) Ratan Narayan Bhandare Age-51 2) Ajay Ratan Bhandare Age- 22 3) Vedant Kishor Bhalerao Age- 08 Add.- Mohammadpura, Burhanpur.
05	Name of Hospital to which he/she was remd	Civil Hospital, Burhanpur.
06	No.of vehicles and type of the vehicles	1) Hero Bike No. MP.68.ME.8624 2) Bajaj Platina Bike No. MP.10.MS.3383
07	Name and Add.the driver of the vehicle particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of in case of Public Service Vehicle and address Issuing Authority of the said Badge.	Kumar Mahedrasingh Bhilala Age- 25 Add.- Shahapur Tal. & Dist.- Burhanpur.
08	Name and Add.the Owner of the vehicle stands on the date of the accident.	---
09	Name and Address of the Insurance Company with whom the vehicle was insured and Divisional Office of the said Insurance Company	---
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	---
11	Action taken,if any,and the result thereof	-- Sd/-- Police Inspector, Raver Police Station, Dist.Jalgaon.

FORM COMPAA
[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	:-	Jamner P.S.
02	CR.No./TAR No./SDE No.	:-	Cr no. 95/19 IPC 304(A), 279,337,338,427 MV act 184, 134 (b)
03	Date,Time,and Place of the accident	:-	23/03/2019 time 10.45 Jamner To Fattepur Road Near Jitendra Patil's Form
04	Name of the Injured/Diceased	:-	1)Yogiraj Kisan Rathod Age-35 R/o Ghanegaon Tal-Soeagaon Dist-Aurangabad (Diceased) 2)Shamrao Vishnu Rathod (Jadhav) Age-17 R/o Ghanegaon Tal-Soeagaon Dist-Aurangabad (Diceased)
05	Name of Hospital to which he/she was removed	:-	1) Sub Dist hospital Jamner 2) Civil hospital, Jalgaon
06	No.of vehicles and type of the vehicles	:-	Truck No. MH-15/CK-3674 v/c Motar Cycle No. MH-19/X-2665
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.	:-	Truck Driver Licence No. MH-53R-2018-0204817 Motar Cycle No. MH-19/X-2665 Driver Licence is not Avalable
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Truck No. MH-15/CK-3674 Owner Name- Pandurang Ramesh Patil R/O Plot No.9 Shivthirth GST Bhavan Nasik
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Truck insurance Compame Name- Reliancegenral Insurance Ltd Motar Cycle No. MH-19/X-2665 insurance is not Avalable

	was insured and the Divisional Office of the said Insurance Company.		Motar Cycle No. MH-19/X-2665 insurance is not Available
10	Number of Insurance Policy/ Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Truck insurance Policy No. 1704218233400005273 Validity -08/09/2018 TO 07/09/2019
11.	Action taken,if any,and the result thereof	:-	The crime has been registered and the police are investigation The Truck hit by Motar Cycle No. MH-19/X-2665 And the accident. The Truck and Motar Cycle No. MH-19/X-2665 inspections is complete  Police Inspector, Jamner Police Station, Dist.Jalgaon.

FORM COMP AA
 [See Rules 253,254 (c)(iii),254(8),255(1)(iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

Sr.No.	Particulars		
01	Name of the Police Station	:-	Pachora Police Station
02	CR.No./TAR No./SDE No.	:-	CR No.30/2018 IPC 304(A),279,
03	Date,Time,and Place of the accident	:-	23/1/2019 - 00/45am Pachora - Jalgaon Raod near Khedgaon
04	Name of the Injured/Diceased	:-	Mangesh Shanataram Shimpi (Fatel)
05	Name of Hospital to which he/she was removed	:-	Rural Hospital Pahora
06	No.of vehicles and type of the vehicles	:-	Maruti Omni MH-19-BJ-8158
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.	:-	Unknown
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 Office of the said Insurance Company.	:-	----
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	---
11.	Action taken,if any,and the result thereof	:-	Investigation in progress

Sd/-
 Police Inspector,
 Pachora Police Station,Dist.Jalgaon.

FORM COMP AA**March.2019**

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

S.No.	Particulars		Remarks.
01	Name of the Police Station	:-	Varangaon.
02	CR.No./TAR No./SDE No.	:-	CR No.019 /2019 u/s 279,304(a),338 MvAct 184
03	Date,Time,and Place of the accident	:-	Dt.30.01.2019 at 17.00 hrs On State Highway at Dhanori Shivar,Tal.Bodwad.
04	Name of the Injured/Diceased	:-	Gopal Ananda More Age-18,R/o.Shindi Tal.Bhusawal. (Expired Person.) Anil Shivdas More.Age-19 R/o.Shindi,Tal.Bhusawal. (injured Person)And Others 2/3
05	Name of Hospital to which he/she was removed	:-	Govt.Medical College & Civil.Hosp.Jalgaon. ,Dist.Jalgaon.
06	No.of vehicles and type of the vehicles	:-	Matador 407 MH-04/DK-5535.
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.	:-	Dilip Nukul Patil.R/o.Shindi,Tal.Bhusawal. Documents are not recover.
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Documents are not recover.
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Not traced.
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Not traced.
11.	Action taken,if any,and the result therof	:-	Offence registered against Matador Driver,He drive his vheicle roughly and one person Dead Due to negligence of Driving Vheicle and ignor traffic rule.Police Investiga tion is going on Statement of vitnesses and ividence collection going on. Inspection of Vheicle completed. . Sd/-- Asst.Police Inspector, Varangaon Police Station, Dist.Jalgaon.

FORM COMP AA**March.2019**

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS.

S.No.	Particulars		Remarks.
01	Name of the Police Station	:-	Varangaon.
02	CR.No./TAR No./SDE No.	:-	CR No.020/2019 u/s 279,304(a),337,427 MvAct 184
03	Date,Time,and Place of the accident	:-	Dt.30.03.2019 at 19.00 to 19.30 hrs On National Highway No.6 at Bohardi Shivar near Kahurkheda Phata.Tal.Bhusawal.
04	Name of the Injured/Diceased	:-	Subhash Kalu Kale Age-60,R/o.Vadhav,Tal.Mukta inagar.(Expired Person.)
05	Name of Hospital to which he/she was removed	:-	Rural Hospital,Varangaon,Tal.Bhusawal ,Dist.Jalgaon.
06	No.of vehicles and type of the vehicles	:-	Truck No.KA-07/ 7371. Motor Cycle.No.MH-19/CY-2319
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.	:-	Irfanali Rafiullah Shaikh,R/o.Shasrinagar,Koliwada, Mumbai. DL.No.MH01 20090120488 Valid Till 24.11.2029 (NT) Issuing Authority MH-01. Documents are not recover.
08	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Documents are not recover.
09	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Reliance General Insurance. Ayodhya Building,1st.Foor,119,Near Bajaj Nagar,Chouk. Behind Akruti.Building,Nagpur.440010,Maharashtra.
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	170521823340011628 Period.From 0001 Hrs on 04Oct.2018 to23.59 Hrs of 3rd Oct.2019.
11.	Action taken,if any,and the result therof	:-	Offence registered against Truck Driver,He drive his vheicle roughly and one person Dead Due to negligence of Driving Vheicle and ignor traffic rule.Police Investiga tion is going on Statement of vitnesses and ividence collection going on.Inspection of Vheicle completed. . Sd/-- Asst.Police Inspector, Varangaon Police Station, Dist.Jalgaon.