

FORM COMP AA

Date :

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

1.	Name of the Police Station	:-	WADKI
2.	CR. NO./TAR No./SDE No.	:-	30/2020 C. 279, 337, 304(A) IPC
3.	Date, Time and place of the accident	:-	22/02/2020 20:00 PM
4.	Name of the injured/Deceased	:-	SANJAY SUPAM LOKHONDE
5.	Name of Hospital to which he/she removed	:-	WADNER
6.	Number of vehicles and type of the vehicle	:-	MH 32 M 2149 CD DELTA MOTOR CYCLE
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of issuing Authority of the said Badge	:-	SANJAY SUPAM Lokhande
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance	:-	
11.	Action taken, if any and the result thereof	:-	
			Inspector Of Police जा. हे. का. किलन जि सुकरवार Police Station व. न. ८४९ पी. ४२
N.B- This form should accompany with all the necessary document Vis.(1) FIR (2) Panchnama (3) Medical Certificate/Post Mortem Report			

Pr. D. J. J. J.
पोलीस स्टेशन, वडकी
जिल्हा यवतमाळ