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Form Comp A.A.

(See rules 253(c), 234(5)(iii), 254(2) 255(1)(iv))

REPORT ABOUT THE, MOTOR VEHICLE ACCIDENTS.

1	Name of the police station	: -MAHAGAON DIST.YAVATMAL
2	CR.NO./FIR NO.U/SEC	: 24 /2020 U/SEC 279 304 A IPC
3	Date, Time and Place of the Accident.	: 12 /01 /2020 - 19.00 PM .. Bijora
4	Name of the injured/deceased	Prashant Vithal Waghmare R/O Marsul TA. Umarkhed dist- yavatmal
5	Name of the Hospital to which he/she was removed	Rural HOSPITAL Savana DIST. YAVATMAL
6	Number of the vehicle and The type of the vehicle.	Mh 12 HZ 8364 Mahindra Zaylo
7	Name and address of the Driver of the Vehicle with Particulars of driving licence of the said driver and the address of the issuing authority of the said badge?	Yuvraj Ambadas jadhao 32 year at Govardhan Ghat Vajirabad dist Nanded RRO Nanded
8	Name and address of the owners of Vehicles as it stand on the date of accident?	Sardar Karamjeet sing Gurucharan sing Kalra 55 year at Govardhan Ghat Vajirabad dist Nanded
9	Name and address of the insurance company with whome the vehicle was insured and the Divisional officer of the said insurance company?	
10	Number of insurance policy/insurance certificate and the date of the validity of the insurance policy/ insurance certificate.	The New India Assurance Co LTD No- 15040531180100000806 02/08/2018 to 01/08/2019
11	Action taken, if any and the result thereof	: -Charge-sheet file against driver of vehicle No.-----
Date :- 13 /01 /2020		 INSPECTOR OF POLICE POLICE STATION पो.स्ट. महागाव
NB:- This form should accompany with all the Necessary documents Viz.(i)FIR(ii)Punchanama,(iii)Medical certificate/Post Mortem Report etc.		