

## FORM COMP AA

[see rules 253.254( c )(iii).254(80 255( i ) (iv )]

### REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	Police Station wadkiDistYavatmal
2	CR.NO/TAR No./SDE No.	002/2021 u.section 279,337,304(A) I.P.C
3	Date.time and place of the accident	03/01/2021 Between 07:00 NH 44 ROAD Rural wadki
4	Name of the Injured/Deceased	Umakant Prakash telange age 29 year At. Gudiyatnurtq. dist. Adilabad
5	Name of Hospital to witch he/she was removed	Gov. hospital Wadnerdistwardha
6	Number of vehicles and type of the vehicle	Eicher no AP 25 X 7576
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 the Issuing Authority of the said Badge	Driver name- Umakant Prakash telange age 29 year At. Gudiyatnurtq. dist. Adilabad
8	Name and address of the Qwner of the vehicle as it stands on the date of the accident	Sayadkamalsayadrzzak Age 35 years At. Adilabadtq .distadilabad
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	Nil
10	Number of Insurance Policy InsuranceCertificate and the Date of Validity	Nil

	of th,me insurance Policy/Insurance Certificate.	
11	Action taken if any.and the result thereof	Police Station Wadki Cr.no 002/2021 u.section 279,337,304(A) I.P.C  Investication officer- NPC.GhanshammesareB.No. 2004 mo.no.7875749977