FORM COMP. 'AA'

(See rule 253 (c), 254 (5) (iii), 255(1)(iv))

Report About The Motor Vehicles Accidents

1. Name of the Police Station

:- Ner

2. Crime No. / TAR No. / SDE No.

:- 165/20 sec. 279,337,304 (A)lpc

3. Date time and place of the accident

:- 28/4/29 20:00 to 21:00 Chikani

4. Name of the injured deceased

:- (Head injured) Teju Maruti

Chauhan 32 yers, Vai Paras, Ner

5. Name of the Hospital to which he/she was :- R.H.Ner removed

6. Number of vehicle and the type of the

:- Moter cy No. MH-29-Q-9672

7. Name & address of the Driver of the vehicle with particulars of driving licence of the said driver and the address of the issuing authorite of the said driving licence

:- Lakhan Sukhadev Khandare.
At P Bodegon TQ. Darwa
DL NO.MH2920090022451
MH. STATE MOTOR DR.LICENCE

- Name & address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company.

:- THE ORIENTAL INSURANCE COM.LTD PUSAD

10. Numbar of insurance policy/insurance certificate and the date of validity the police/ certificate of insurance.

:- Nil Nil

11.Action taken, if any and the result the reof

:- Accuse Arrested

Date :- 08/07/2020

Signature-

(Inspector of police/P.S.O.)

Police Station Ner