

Form Comp AA
(See Rules 253(C), 254 (c)(iii), 254 (80), 255(i)(iv)
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the police station	-	Police station ladhed
2	CR NO / TAR No /SDE No	-	Cr no 398/2020 section 279,337,338,304 A IPC
3	Date time and place of the Accident	-	Dt 30/09/2020 time 07/30 Bori arab
4	Name of the injured/Deceased	-	Bharat Nathuji Gadekar age 39 year at Dudhgaon dist Yavatmal
5	Name of the Hospital to which he/she was removed	-	Government Hospital Yavatmal
6	Name of vehicle And type of vehicle	-	MH 31 CV 4094
7	Name and address of the Driver of vehicle with particulars or of the said driver and the address of the issuing Authority of the side driving license the member of Badge in case of public service vehicle and the address of issuing Authority of the side Badge	-	Bharat Nathuji Gadekar age 39 year at Dudhgaon dist Yavatmal
8	Name and Address of the Owner of the vehicle as it stand on Date of the accident	-	Pralhad Haribhau Bhagwat AT – plot No 09 Pil colony mide raod malkapur Akola
	Name and address of the Insurance company	-	The oriental Insurance company Limited
	Number of Insurance policy Insurance certificate and date of validity of the Insurance policy Insurance certificate	-	01/10/2020 To 30/09/2021
	Action taken If and any and the result there of	-	Cr no 398/2020 section 279,337,338 A IPC