


Date:

FORM COMP AA

[See Rules 253(o), 254(o)(III), 254(8), 255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

1.	Name of the Police Station	:-	PS. Wadulay Dist/Yeotmal
2.	CR. NO./TAR No./SDE No.	:-	150/2019 U/S 279.337 ITU
3.	Date, Time and place of the accident	:-	At Kinni Jawade, NH 9 Road. dt- 23/7/2019 on. 20.00 PM
4.	Name of the injured/Deceased	:-	Rajesh Shrikant Wankhade, age 43 At Wadulay Ta. Pulegaon, Dist/YTC
5.	Name of Hospital to which he/she removed	:-	Genic Hospital Aulegaon. (Pulal)
6.	Number of vehicles and type of the vehicle	:-	Hero Splender MH29BJ 945/ TVS Victor MH34BD 3361
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	:-	Beharao Harbaji Telkam age 42 At Kinni Jawade, Ta. Aulegaon Dist YTC NO Licence.
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	Ajay Namikhand Pawar. age. 28 At Kinni Ta. Aulegaon Dist YTC
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	NO Insurance.
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance	:-	NO
11.	Action taken, if any and the result thereof	:-	CR 10/50/2019, U/S 279 337, ITU. 130(1) 177 MVA
			 Inspector Of Police Police Station
N.B- This form should accompany with all the necessary document vis.(1) FIR (2) Panchnama (3) Medical Certificate/Post Mortem Report			