FORM COMP AA

[See Rules 253 (1), 254 (1) (a) (i), 254 (8) 255 (1) (a) (i)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	Wadgaon (J)
2	CR NO./TAR No./ SDE No	53/20 Sec. 279, 337, 304 (A) IPC
3.	Date, Time and place of the accident.	Date - 11/3/2020
4	Name of the Injured /Deceased	Gurudas Dipanga Rathod age. 55
5	Name of Hospital to which he /she was removed	V.N.G.H. Goverment Hospital Yvl.
6	Number of vehicles and type of the vehicle	MH27/AB 3508 splendor motor Cycle.
7	Name and address of the Driver of the vehicle with particulars of 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	Akash kamate age. 32 Ad- Pardi Naskari PS Yavatmal Rl. Ta. Dist Yavatmal. owner - Suresh Laxman Takpire age- 65 year Ad- Pawan Nagar-1 Gopalnagar Padhera Road Amaravati-
	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Anil Datta Jadhao age- 28 year Ad - Yeotal Ta. Dist. Yavatmal. Date - 10/3/2020 (MH 29/AG 3965 Pachar Pro Motor Cykal.
	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	NO
9	Number of Insurance Policy, Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate	NO
10	Action taken, if any, and the result thereof.	FIR, Spot Panchnama, Inspection of RTO Yavatmal

Investigator of Police
-Police Station
पो. स्टे.

ASI बालाजी ससाणे
ब.न.१२०

पो..स्टे. वडगांव(जं.)

N.B – This form should accompany with all the necessary document viz (1) (2) Panchnama

(3) Medical Certificate/Post Mortem Report