

FORM COMP AA
[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

Ti.	Name of the Police Station	_	T	
		:-	P.S. Wadgaon Jungle:	
2.	CR. NO./TAR No./ SDE No.	:-	123/20 V/S 279 304(A) IPC.	
3.	Date, Time and place of the accident.	:-	21/6/20 - 19:00 At- Kinhala Rolace	
4.	Jan da 715000ased	:-	Babusing Devidas Jadhav Age 30	
5.	Name of Hospital to which he /she was removed.	:-	Government Hospital Yavatral.	
6.	Number of vehicles and type of the vehicle.	:-	MH-32 U 4535 Honda Twister m/c.	
7.	Name and address of the Driver of the vehicle		Santosh 11ttaman tupat Age 27.	
J :	with particulars or Driving License of the said)	Santosh Uttamrao tupat Age 27. At Metikheda ta Kalamb	
	Driver and the address of the Issuing Authority of	:-	Dist-Yavatmal	
1	the said Driving License. The number of Badge in			
1	case of Public Service Vehicle and the address of			
	the Issuing Authority of the said Badge.			
8.	Name and address of the Owner of the vehicle as	;-	Suresh Shyamran Nehare.	
3	it stands on the date of the accident.	70 F	Suresh Shyamrao Nehare At-Kurzadi ta-Deoli Dist-Wardh	
0	Name and address of the Insurance Company with			
3	whom the vehicle was insured and the Divisional	:-	· ·	
	Office of the said Insurance Company.	İ		
10.	Number of Insurance Policy /Insurance Certificate			
	and the Date of Validity of the insurance	:-	-	
	Policy/Insurance Certificate.			
И.	Action taken, if any, and the result thereof.	:-	Fir Registered, Final Report	
		-	will be submitted,	
	. v			
			Inspector of Police,	
	<i>A</i> 5,		osation.	
	N.B. This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama			
	(3) Medical Certificate/Post Mortem Report.			
احتث				

पो. स्टे. बंड्गांव(जं.)