



Form Comp AA

(See Rules 253(C), 254 (c)(iii), 254 (80), 255(i)(iv))

PEPROT ABOUT THE MOTAR VEHICLES ACCIDENTS

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| 1 | Name of the police station | - Police station lakhad |
| 2 | CR NO / TAR No /SDE No | - Cr no 280/2020secation 279,337 IPC |
| 3 | Date time and place of the Accident | - Dt 17/06/2020 time 14/00 |
| 4 | Name of the injured/Deceased | - Rajesh uttam rathod Age 22 Year 2) Ravita
Ramesh chavhan Age -45 Year 3) sonu
Ramesh chavhan Age -196 Year At
-Tiwasa ,Dist -Yavatmal |
| 5 | Name of the Hospital to which he/she was removed | - Government Medical hospital yavatmal |
| 6 | Name of vehicle And type of vehicle | - MH 29 BC 3672 |
| 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 | - Mr Shashank Wasuddeorao Agarkar At-
Bapat chowk Tilakadi Yavatmal
Dist Yavatmal |
| 8 | Name and Address of the Owner of the vehicle as it stand on Date of the accident | - Mr Shashank Wasuddeorao Agarkar At-
Bapat chowk Tilakadi Yavatmal
Dist Yavatmal |
| 9 | Name and address of the Insurance company | - Motor Policy SCHEDULE CUM
CERTIFICATE OF INSURANCE |
| 10 | Number of Insurance policy Insurance certificate and date of validity of the Insurance policy Insurance certificate | - 23/7/2018 TO 22/7/2019 |
| 11 | Action taken If and any and the result there of | - Cr no 280/20 secation 279,337 IPC |

१७/०६/२०२०
पोलीस स्टेशन लाडखेड
जि. अवंतमाल