


FORM COMP AA

Date :

[See Rules 253(c), 254(c)(iii), 254(8), 255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

1.	Name of the Police Station	:-	Wusky Dist Yertamal
2.	CR. NO./TAR No./SDE No.	:-	73/19 ULS 279, 337, 338, 304(A) ITL
3.	Date, Time and place of the accident	:-	Bori Echod NH. 7 18/3/19 to 18/00 PM
4.	Name of the injured/Deceased	:-	Death - Rumeth Maroti Datarikar. Irgu @ Manoj Babanew Chafale @ Gaganon Mahadeo Datarikar. @ Sranis. @ Khandulkar
5.	Name of Hospital to which he/she removed	:-	Rural Hospital (Karanji)
6.	Number of vehicles and type of the vehicle	:-	Motor sayalkal Hero sptendar MH29 AF 1514 & MH32H 7059
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	:-	Rumeth Maroti Datarikar age. 88 At Dehegam Tu. Dehegam Dist YTL
8.	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	self.
9.	Name and Address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	@ Manoj Babanew Chafale, at. Bumardu, Tq. Hingangdet of Wardhi. @ Gaganon Mahadeo Datarikar. @ Satang Bhatkar Khandulkar Dehegam
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	:-	CRNO 73/19 ULS 279.337 338. 304.A ITL
			 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			