



Form Comp AA

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

PEPROT ABOUT THE MOTAR VEHICLES ACCIDENTS

- 1 Name of the police station - Police station ladhed
- 2 CR NO / TAR No /SDE No - Cr no 0026/2020 secation -279,337,338,IPC
- 3 Date time and place of the Accident - Dt 19/11/2020 time 13/00
- 4 Name of the injured/Deceased - Vijay Anun Thaware Age -21 Year At -
jawalgaon 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 J 3967
- 7 Name and adress of the Driver of
vehicle with particulars or of the said
driver and the adress of the issuing
Authority of the side driving license the
member of Badge in case of public
service vehicle and the adress of issuing
Authority of the side Badge - -
- 8 Name and Address of the Owner of the
vehicle asit stand on Date of the
accident - -
- 9 Name and adress of the Insurance
company - -
- 10 Number of Insurance policy Insurance
certifycate and date of validity of the
Insurance policy Insurance certificate - -
- 11 Action taken If and any and the result
there of - Cr no 0026/2020 secation -279,337,338,IPC


OFFICER IN CHARGE
POLICE STATION