Form Comp AA
(See Rules 253(C),254 (c)(iii), 254 (80),255(D)(iV)
REPROT ABOUT THE MOTAR VEHICALES ACCIDENTS

1	Name of the police station	-	Police station ladkhed
2	CR NO. IAR No SDE No	-	Cr no 276/2020secation 279,304 A IPC
3	Date time and place of the Accident	-	Dt 5/06/2020 time 23/30 Tiwasa
4	Name of the injureed/Deceased	-	Dilipkumar Golhairam Patel Age -27 Year At – NEW POBARU NAGAR yavatmal
5	Name of the Hospital to wich he shewas removed	-	- Goverment Medical hospital yavatmal
6	Name of vehicle And type of vehicle	-	MH 27 AT 7961
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 publice service vehicle and the adress of issuing Authoroty of the side Badge	-	Dilipkumar Golhairam Patel Age -27 Year At – NEW POBARU NAGAR yavatmal
8	Name and Adress of the Owner of the vehicle asit stand on Date of the accident	-	Dilipkumar Golhairam Patel Age -27 Year At – NEW POBARU NAGAR yavatmal
9	Name and adress of the Insurance compuny	-	-
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 276/20 secation 279,304 A PC

ठाणेदार
पोलीस स्टेशन लाडखेड
जि. यवतमाळ