




Form Comp AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1. Name of the police station - Police station ladhed
2. CR-NO / TAR No /SDE No - Cr no 357/2020 section 279,304 A IPC
3. Date time and place of the Accident - Dt 04/08/2020 time 16/00 Sonkhas raod
4. Name of the injured/Deceased - (MH27 TC 104 Shankar Bapurao Jogdand Age-60Year AT-Malkhed Dist-Yavatmal
5. Name of the Hospital to which he/she was removed - Main Hospital (Gov.Medical Collage) Yavatmal
6. Name of vehicle And type of vehicle - MH27 TC 104 TaTa
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 - Shankar Bapurao Jogdand Age-60Year AT-Malkhed Dist-Yavatmal
8. Name and Address of the Owner of the vehicle as it stand on Date of the accident - Shree Mukundrai Gases AT- C O Jhgokuldas Bros co Shankar Laroba market .Itwari Bazaar Road Vridavan Chowk Dist-Amravati
9. Name and address of the Insurance company - BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD
10. Number of Insurance policy Insurance certificate and date of validity of the Insurance policy Insurance certificate - 24/07/2020 To 232/07/2021
11. Action taken If and any and the result there of - Cr no 357/2020 section 279,304 A IPC


ठाणेदार
पो.स्ते.लाडखेड