



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 ladheda
2	CR NO / TAR No /SDE No	- Cr no 0007/2020secation -279,337,338,IPC
3	Date time and place of the Accident	- Dt 19/11/2020 time 13/30
4	Name of the injured/Deceased	- Gajanan gulabrao Bhosle Age -43 Year At -Ner DIST-Yavatmal
5	Name of the Hospital to which he/she was removed	- Medical collage darvha
6	Name of vehicle And type of vehicle	- MH 29 AV 3725
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	- -
8	Name and Address of the Owner of the vehicle as it stand on Date of the accident	- -
9	Name and address of the Insurance company	- -
10	Number of Insurance policy Insurance certificate and date of validity of the Insurance policy Insurance certificate	- -
11	Action taken If and any and the result there of	- Cr no 0007/2020secation -279,337,338,IPC

Kae
माणेदार
पोलीस स्टेशन लाडखेड
जि. यवतमाळ