FORM COMP AA

[see rules 253.254(c)(iii).254(80 255(i) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

| 1 | Name of the police station | |
|-----|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | CR.NO/TAR No./SDE No. | Police Station wadki Dist Yavatma |
| | , == | 044/2020 u.section 279,337,304(A |
| 3 | Date.time and place of the accident | I.P.C |
| | and place of the accident | 12/03/2020 Between 03:00 AM |
| 4 | Name of the Injured/Deceased | Devdhari Ghat National Hiway 7 |
| | - Sand injuries, Deceased | Sandip Srikant Chunarkar |
| | | age 52 year At. Neharu nagar |
| 5 | Name of Hospital to witch he/she was removed | Chanderpur Dist. Chanderpur |
| | witch he/she was removed | R.H. Karangi Hospital |
| 6 | Number of vehicles and type of the vehicle | Di. Yavatmal |
| | type of the venicle | Hero Honda Spelander m/g black MF |
| 7 | Name and address of the Driver of the vehicle with | 34-BK- 3572 |
| | 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 | Ψ. |
| | the address of the ssuing Authority of the said Badge | |
| 8 | Name and address of the Qwner of the vehicle as it stands | : |
| | on the date of the accident | The state of the s |
| | a desident | At. Neharu Nagar Chandrrpur Dist. |
| 9 | Name and address of the Insurance Company with whom | Chanderpur |
| | the vehicle was insured and the Divisional Office of the | Nil |
| | said Insurance Company. | |
| .0 | Number of Insurance Policy Insurance Certificate and the | |
| | Date of Validity of the insurance Policy/Insurance | Nil |
| - 1 | Certificate. | |
| | Action taken if any and the result thereof | |
| | taken ii any.ana the result thereof | Police Station Wadki Cr.no 44/2020 |
| | | u.section 279,337,304 (A) LD C |
| | | investication officer- NPC Vilas Jadhay |
| | | B.No. 1093 mo.no.7350309776 |

हाजदार पोलीस स्टेशन,वडकी जिल्हा यवतमाळ