

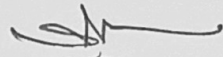
**FORM COMP. 'AA'**

(See rule 253 (c), 254 (5) (iii), 255(1)(iv))

**Report About The Motor Vehicles Accidents**

1	Name of the Police Station	पोस्टे नेर जि. यवतमाळ
2	Crime No./ TAR No. / SDE No.	320/2021 sec. 279, 337, 338, 34 भादवि
3	Date time and place of the accident	दि. 15/09/2021 चे 09/30 वा. चे सुमारास बस स्टॅंड, नेर
4	Name of the injured/ deceased	सौ. निर्मला सुरेशराव पोकळे वय 65 वर्ष, धंदा नोकरी, रा जुनी वस्ती बडनेरा, अमरावती
5	Name of the Hospital to which he/she was removed	कावलकर ऑर्थोपेडीक हॉस्पिटल, शंकर नगर, अमरावती.
6	Number of vehicle and the type of the	एस टी. बस क्र. MH 14 BT 4759
7	Name & address of the Driver of the vehicle with particulars of driving licence of the said driver and the address of the issuing authorite of the said driving licence	कपिल शिवाजी राठोड वय 33 वर्ष, रा. लोनाडी ता. नेर DL NO.MH29 20070003881 MH. STATE MOTOR DR.LICENCE
8	Name & address of the owner of the vehicle as it stands on the date of the accident	एस टी बस, महाराष्ट्र राज्य परिवहन महामंडळ
9	Name & address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance	प्राप्त नाही.
10	Numbar of insurance policy/insurance certificate and the date of validity the police/ certificate of insurance.	-----
11	Action taken,if any and the result the reof	चार्ज शीट दाखल.

Date :- 15/02/2022

Signature   
(Inspector of Police/M.S.O.)  
पोलीस निरीक्षक  
पोलीस स्टेशन नेर  
Police Station Ner