


FORM COMP AA

[SEE Rules २५३@]२५४(C)(III)]२५४(८० २५५ (१)(IV)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the police station	--	Vijaydurg
२	Cr.no./tar no /sde no.	--	Cr no - २३/२०१७ .०१/२०१७ sde -
३	Date time and place of the accident	--	०९/०४/२०१७ to ०१.३० pm. Malpetitha to malpegoanthanvadi road angavani bus stop near. tal devgad.
४	Name of the injured/deceased	--	१.sanjay sakharam tambe. २.shravan ramchandra mohite ३.lavu tukaram parab ४.ajay gopal mali. All at/post- mutat tal devgad.
५	Name of hospitl to which he /she was removed.	--	Getwell hospital kankavali.
६	Number of vehicles and type of the vehicles	--	१.Eicher tempo no mh -११ - ०६४२.
७	Name and address of the driver of the vehicles with particulers or driving liecense of the said driver and the address of the issuing authority of the said driving license the number of badge in case of publice service vehicles and address of the issuing authority of the said badge.	--	Manish prakash gatye. Age - ४०. At - Girye Tal - devgad. Licence.no.mh - mh ०७ २००६०००४०९८. r.t.o. oros dist sindhudurg. validity - ०५/०१/२०१८. privet service badge.
८	Name and address of the owner of the vehicles as it stands on the accident.	--	Arun sadashiv wadekar,age-४९ at/post-padel nargolvadi tal - devgad
९	Name of the address of the insurance company with whom the vehicles was insured and the divisional office of the said insurance company.	--	Insurance not produced. (No insurance).
१०	Number of insurance policy/insurance certificate and the date of validity of the insurance policy / insurance certificate.	--	No insurance.
११	Action taken if any and result thereof.	--	Investigation completed and chargesheet submitted in the JMFC court devgad. s.c.c no.७९/२०१७ dt.०८/०६/२०१७.
			
			A.R.CHAVAN
			Ass. Inspector of police
			Inchrge-Vijaydurg police station
N.B.- this form should accompany with all the necessary document viz (१) f.i.r.(२)panchnama(३)medical certificate/post-mortem report.			