


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 २९/२०१७ ०२/२०१७ sde -
३	Date time and place of the accident	--	२७/०५/२०१७ to २०.०० pm. Vijaydurg to tarele road sadewaghotan tambol tal devgad.
४	Name of the injured/deceased	--	Harishchandra govind waniwadekar (fetal) age-४५ at- sadewaghotan tal.devgad.
५	Name of hospitsl to which he /she was removed.	--	p.h.c. hosp. devgad.
६	Number of vehicles and type of the vehicles	--	१.motor cycle. Mh-०७-k-०७३६. २.maruti varsa mh -०१-na - १७४९.
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.	--	Sager sahdev kadam age-३२ at-soundale boudhwadi Tal- devgad Licence.no.mh - mh ०१ २००७००३९७०७. r.t.o. central Mumbai .validity - ०८/०८/२०२७ upto privet service badge
८	Name and address of the owner of the vehicles as it stands on the accident.	--	Arvind abhimanyu kadam at-chinchpokli dist-mumbai
९	Name of the address of the insurance company with whom the vehicles was insured and the divisional office of the said insurance company.	--	The new india insurance company ltd. Mumbai -२१
१०	Number of insurance policy/insurance certificate and the date of validity of the insurance policy / insurance certificate.	--	No.१११४००३११६०१००००३१६१. Valid - २०/११/२०१६ to १९/११/२०१७.
११	Action taken if any and result thereof.	--	Investigation completed and chargesheet submitted in the JMFC court devgad. s.c.c no.१०९/२०१७ dt.१७/०७/२०१७.
			
			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.			