


FORM COMP AA

See Rules 253]254©(iii)254(1)(iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the police station	Dodamarg
2	CR no /tar no/sde no	Cr no-51/2017
3	Date,time and place of the accident	2/5/2017,02.00,sasoli bazarwadi dodamarg.
4	Name of the injured/Deceased	Tulsidas nakul gawas R/o matne tal-dodamarg
5	Name of the hospital to which he/she was removed	Rural hospital Dodamarg
6	Number of vehicles and type of the vehicle	1) Suzuki vitara Briza no-mh-07AB-1470 2) Hiro Honda splendor no-mh07-y-2674
7	Name and address of the driver of the vehicle with 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 vehical and the address of the issuing Authority of the said Badge.	1) Aanand budhaji jadhv r/o nirvade tal-sawantwadi License no-mh-07 19960002058. 2) Tulsidas nkul gawas R/o matne tal-dodamarg License no-mh07 2101/4/9
8.	Name and address of the woner of the vehical as it stands on the date of the accident.	Tulsidas nkul gawas R/o matne tal-dodamarg
9.	Name ad address of the insurance company with whom the vehical was insured aand the Divisional office of the said insurance company.	ICIC Lombard motor insurance.

10.	Mumber of insurance policy /insurance certificate and the date of validity of the insurance policy/insurance certificate.	1) Aanand budhaji jadhv- 98000031160304037977 date-26/5/2017 2) Tulsidas nkul gawas- 3005/20079097/10324/ 000 date-15/8/2014
11.	Action taken if any and the result thercof.	FIR NO-51/2017
 Inspector of police Dodamarg police station		
N.B. This form should accompany with all the necessary document viz(1)F.I.R.(2) panchanama (3) medical certifate/post-mortem report.		