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 - ४७/२०१७ ०५/२०१७ sde-२४६/
३	Date time and place of the accident	--	०३/०९/२०१७ upto १२.२० am goval vijaydurg to tarele state road.
४	Name of the injured/deceased	--	Ravindra Shankar sarfare age-३६,at-karul jamdarwadi tal vaibhavwadi.
५	Name of hospitsl to which he /she was removed.	--	Getwel hosp.kankavali.
६	Number of vehicles and type of the vehicles	--	Motor cycle no-mh-०७-ac-१७२९. Motor cycle no.mh-०७-ac-१६२५.
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.	--	Ravikant laxman gurav age-५०,at.patgoan guravwadi tal- devgad . Licence.no.mh- . r.t.o.oros sindhudurg nagri validity - upto privet service badge
८	Name and address of the owner of the vehicles as it stands on the accident.	--	Patgoan guravwadi. Tal devgad yes
९	Name of the address of the insurance company with whom the vehicles was insured and the divisional office of the said insurance company.	--	i.c.i.c.i.motor insurance company - mumbai
१०	Number of insurance policy/insurance certificate and the date of validity of the insurance policy / insurance certificate.	--	No.३००५/२९०७६६६८/१०३२४/०००. Valid - २६/०९/२०१५ to २५/०९/२०१६.
११	Action taken if any and result thereof.	--	Police investigation.
			A.R.CHAWAN
			Inspector of police
			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.		