

FORM COMP AA
Sec Rules 253 (c)(iii)254(80255(1)(iv)
Report about the motor vehicles accident

1	Name of police station	:-	Khed police station
2	CR.NO./TAR NO./SDE	:-	Motar Accident no.71/2017
3	Date time and place of accient	:-	mumbai goa highway,PatWardhan Lote Tal Khed on 22/06/2017 at 12.00 pm
4	Name of the injured/deceased	:-	Nil
5	Name of the hospital to which he/she was removed	:-	Nil
6	Number of vehicles and type of vehicle	:-	2 vehicle S.T.Bus no MH/20/BL/2110 Bus No T.P.No-Gj02/MR/305
7	Name and address of the driver of the vehicle with perticuler or driving lincense authority 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 vehicle and the address of the issuing authority of said badge	:-	(Driver) S.T.Bus no MH/20/BL/2110 Kapil Vasant Kasture A/P Mahadnaka ST Depo Khed.Ratnagiri. D.L No.MH1920100004153 Dt 23/08/2000 R.T.O.Jalgaon- (Driver) Bus No T.P.No-Gj02/MR/305 Ramnath Shripad Kumbhar.A/P Bicholim Goa D.L No.GA0420080060776 Dt 13/03/1987 R.T.O.Goa.
8	Name and address of the owner of the vehicle as it	:-	S.T.Bus no MH/20/BL/2110 S T Dipartment. Bus No T.P.No-Gj02/MR/305

	stand on the date of the accident		Tata Motar Export Madgaon S.Goa
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office the said insurance company	:-	Bus No T.P.No-Gj02/MR/305 New India insurance co.Ltd. add-New India insurance Bidg 87 M.G.Road Fort Mumbai 400001
10	Number of insurance policy insurance certificate and date of validity of the insurance policy/insurance certificate	:-	1) Policy no – 12140031160200000653 Validity – 04/01/2018
11	Action taken if any and result there of	:-	Send case under m.v.act sec 184 charge penlty of rs./-1000/- S.cc.no 184/2017
			Inspector of police
			Khed police station
NB- this form should accompany with all the necessary document viz (1) FIR (2)Panchnama (3)Medical certificate/Post –Mortem Report			