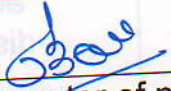


FORM COMP AA
Sec Rules 253 (c)(iii)254(80255(1)(iv)
Report about the motor vehicles accident

1	Name of police station	:-	Khed police station
2	CR.NO./TAR NO./SDE	:-	Motar Accident no.72/2017
3	Date time and place of accient	:-	06/07/2017 at 18.00 near omega in hotel dhamandevi
4	Name of the injured/deceased	:-	----
5	Name of the hospital to which he/she was removed	:-	----
6	Number of vehicles and type of vehicle	:-	2 vehicles tractor MH/08/H/8482 and trolly no MH/08/8483 maruti omni no MH/07/H/1970
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	:-	1) Balu bhilu rathod add- at post dabhil, bajarwadi tal-khed dist-ratnagiri 2) Rahul suhas parkar add- at post tendoli, tal-kudal dist- sindhudurg
8	Name and address of the owner of the vehicle as it stand on the date of the accident	:-	1) Santosh sonu dundekar add- at post dabhil, tal- khed dist- ratnagiri 2) Appa vishnu mestri add- kudal, sindhudurg

9	Name and address of the insurance company with whom the vehicle was insured and the divisional office the said insurance company	:- Nation insurance co.ltd kudal, sindhudurg
10	Number of insurance policy insurance certificate and date of validity of the insurance policy/insurance certificate	:- Policy no - 276027311710000838 Validity - 29/05/2018
11	Action taken if any and result there of	:- Send case under M.V.Act Sec. 184 Penlty of rs. /- 2000/- S.c.c No.330/2017
		
		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		