

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	:-	Accident no 73/17, Cr.no.167/2017 IPC sec 304(A),279,337,338 m.v.act sec 184
3	Date time and place of accident	:-	mumbai goa highway, awashi village, near SR drugs co., on 09/07/2017 at 15.15 pm
4	Name of the injured/deceased	:-	deceased – arun ramshiromani mishra, age- 42
5	Name of the hospital to which he/she was removed	:-	primary health center, lote, tahsil khed
6	Number of vehicles and type of vehicle	:-	2 vehicles track no GA/05/T/3682 Hero honda motor bike no. MH/08/AE/6245
7	Name and address of the driver of the vehicle with particular or driving license 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	:-	Santosh babaji parulekar age-35 Add – ubhadanda , wagheshwarwadi, tal- vengurla, dist- sindhudurg driving lincense no- MH0219970058470 Validity -05/05/2018 sindhudurg RTO
8	Name and address of the owner of the vehicle as it	:-	wasim raja khan , r/o hno, b- 7 , nr. curti vp , kgn house , kayji residency , naga masjid, north – goa 403401 .

	stand on the date of the accident		
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office the said insurance company	:-	ICICI Lombard general insurance co.
10	Number of insurance policy insurance certificate and date of validity of the insurance policy/insurance certificate	:-	Policy no – 3003/120992408/00/000 Validity – 04/09/2017
11	Action taken if any and result there of	:-	under investigation
			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		