

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 76/17, Cr.no.172/2017 IPC sec 304(A),279,337,338 m.v.act sec 184
3	Date time and place of accient	:-	mumbai goa highway, near omega in hotel,dhamandevi, dharvadi on 14/07/2017 at 19.30 pm
4	Name of the injured/deceased	:-	Injured – prathmesh pradip salvi, age -19 deceased – ashok shantaram badade, age- 36
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 UNKNOWN VEHICLE Hero honda motor bike no. MH/12/XA/8568
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	:-	UNKNOWN VEHICLE
8	Name and address of the	:-	-----

	owner of the vehicle as it 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	:-	-----
10	Number of insurance policy insurance certificate and date of validity of the insurance policy/insurance certificate	:-	-----
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		