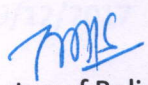


**FORM COMP AA**

**[See Rules 253(c),254(c),(iii),254(80 255(1)(iv))]**

1	Name of the Police Station	Dapoli.
2	CR.NO./TAR No./SDE NO.	169/2017 I.P.C ,act279,337,338MV,act184 3/181 <b>(MV Accident No-22/2017)</b>
3	Date, Time and Place of the accident	25/09/2017, 13.30 , Dapoli Taldev
4	Name of the Injured/Deceased	1)Pramod Shantaram Jadhav 2)Sandip Vitthal Jadhav
5	Name of Hospital to Which he/she was removed	Sub Civile Hospital.Dapoli
6	Number of vehicles and type of the vehicle	1 .Mahindra Magic MH 08/AG/0548 2. Pulsar Motorcycle MH 08/AF/4208
7	Name of address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address 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 the Badge.	1)Pulsar Motor Cycle MH 08/AF/4208 (Driver- Pramod Shantaram Jadhav, At/p- Kondye ,Tal –Dapoli) License – NO. 2) Mahindra Magic MH 08/AG/0548 (Driver- Prakash Laxman Haravade, At/p- Tamond Damame 166 Vetat Wadi ,Tal – Dapoli) License- MH 01 19960047038 RTO Rtn
8	Name and address of the Owner of the Vehicle as it stands on the date of the accident.	1) Mahindra Magic MH08/AG/0548 Kashinath L Harawade A/P Tamond Wavghar Tal-Dapoli 2) Pulsar Motorcycle MH 08/AF/4208 Sandip Shankar Kolambe A/P Phansu Kondhye Kolambewadi Tal-Dapoli
9	Name and address of the Insurance Company With Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	United india Insurance company, add- Delstar Bldg 9 Hughes Road Mumbai.- 400007 Mumbai Maharashtra.
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	Policy No. 25/03/2017 to 24/03/2018
		 <b>Inspector of Police.</b> <b>Dapoli Police Station</b>