


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.	CR.NO.200/2017 , iPc 279, Mv Act 184,3/181,130/177
3	Date, Time and Place of the accident	26/11/2017, 23.15 , Dapoli
4	Name of the Injured/Deceased	Nil
5	Name of Hospital to Which he/she was removed	-
6	Number of vehicles and type of the vehicle	1 . Centro MH 04/BQ/94 2 . Sumo ,MH-08/AF/0490
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) Centro MH 04/BQ/94 (Driver- Rupesh Yashwant Surve at. Post Nive Bdk] Tal-Sangmeshwar License - No 2) Sumo ,MH-08/AF/0490 (Driver- at. Post Tal-Dapoli License -
8	Name and address of the Owner of the Vehicle as it stands on the date of the accident.	Janhavi Narendra Devrukhkar At.2 nd Floor R No 40 Bit Chawl 24 Agripada RD Date-26/11/2017
9	Name and address of the Insurance Company With Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	-
		 Inspector of Police. Dapoli Police Station