



FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80 255 (i) (iv)]
REPORT ABOUT THE MOTER VEHICLES ACCIDENTS

1	Name of the police station	Kannad Rural
2	CR.NO./TAR NO./SDE NO.	T- 03/2020
3	Date time and place of the accident	Date 12/01/2020 at 23.30 to 23.45 NH-52 Infront hatnur police chauki near
4	Name of the injured/Deceasant	Jayvant girdhar khaire age 48 r/o wagholi tel. chalisgaon dist. jalgaon
5	Name of Hospital to which he/she was removed	Rural Hospital, Kannad.
6	Number of vehicles and type of the vehicle.	unknown
7	Name and address of the Driver of the vehicle with particulars or Driving License 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 the said Badge.	unknown
8	Name and address of the owner of the vehicle as it stands on the date of the accident	unknown
9	Name and address of the Insurance company with whom the vehicle was insured and the Divisional office of the said Insurance company	unknown
10	Number of Insurance Policy /Insurance Certificate and the Date of validity of the insurance policy Insurance Certificate.	unknown
11	Action take,if any,and result thereof	Investigation.

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