




# FORM COMP AA

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

## REPORT ABOUT THE MOTAR VECHILES ACCIDENTS

	Name of the police station	Khyatbad
1	CR.NO./TAR NO./SDE NO.	02/2020
2	Date Time & Place of the accident	on 31/12/2019 at 0.300 am near Katchivaki phat, Phulans by Road.
3	Name of the injured/deceased	1) Santosh Burybhan Londhe 2) Raju Ramnikarao Jadhav 3) Shashan Natarajbhai Mote.
4	Name of the Hospital to which he /she was /Removed	Dr. Chhukhabhai Hospital, A'bad Hedgewar Hospital, A'bad
5	Name of Vehicles and Type of the vehicle	motor cycle.
6	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 Lincense. The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge.	Aradh Mohammad Sharif, R.S. Itgaon, Swantara, tar. Akabarpur, Dist- Amedkar Nagar, state - U.P. UP.45 2002 0000048. R.T.O. Amedkar Nagar
7	Name and address of the owner of the vehicle as it stands on the date of the accident.	Shivshakti cargo India Logistics Near Kamgethauk, Aurangabad
8	Name and address of the Insurace company with whom the vehicle was insured and the divisional office of the said Insurance company.	HDFC. ERGO. Aurangabad, M.S.
9	Number of Insurance policy / Insurance Certificate and the date of Validity of the insurance policy / Insurance Certificate.	231520301947950000 30 Sep. 2020
10	Action taken if any , and the result there of.	Accuse arrested by us and Further investigation is carried
11	N.B- This form should accompany with all necessary document viz.(1)FIR(2) panchnama(3) medical certificate/ PM Report.	

  
(डि. एस. जाधव)  
पोहेको व.नं. ५२८  
पोलीस ठाणे खुलताबाद