

## FORM COMP AA

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

### REPORT ABOUT MOTOR VEHICLE ACCIDENTS

|                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name of the Police Station                                                                                                                                                                                                                                                               | :- | Police Station Girad Dist. Wardha                                                                                                                                                 |
| 2. CR NO/TAR No/SDE No                                                                                                                                                                                                                                                                      | :- | 210/2023Sec. 304 (A) 338,337, 279 IPC r/w sec.184 MVAct                                                                                                                           |
| 3. Date, Time and place of accident                                                                                                                                                                                                                                                         | :- | Date- 07-08-2023,<br>Place of accident –Dhongaon SH 258 Husenpur<br>Dhongaon07 km western Tal. Samudrapur, Dist. Wardha                                                           |
| 4. Name of the injured/deceased                                                                                                                                                                                                                                                             | :- | <b>Deceased</b> AnkitBabarao satghare Age. 27 yearDeulwada tal.Bhadrawanti Dist Chandrapur<br><b>Injured</b> Atul kishor Soge Age. 25year NarayanpurTal. Samudrapur, Dist. Wardha |
| 5. Name of the Hospital to which he/she was removed                                                                                                                                                                                                                                         | :- | Medical officer RH Samudrapur Dist Wardha                                                                                                                                         |
| 6. Number of vehicles and type of the vehicle                                                                                                                                                                                                                                               | :- | MH 29AP 9763Bajaj Pulsar (two Wheeler)                                                                                                                                            |
| 7. Name and address of the Driver of 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 insuing Authority of the said Badge. | :- | Ankit Babarao satghare Age. 27 year Deulwada tal.Bhadrawanti Dist Chandrapur                                                                                                      |
| 8. Name and address of the Owner of the vehicle as it stands on the date of the accident                                                                                                                                                                                                    | :- | Babarao Dadaji satghare Age. 55 year, Deulwada, tal. Bhadrawanti, Dist Chandrapur                                                                                                 |
| 9. Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Company.                                                                                                                                                    | :- | nil                                                                                                                                                                               |
| 10. Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate                                                                                                                                                                 | :- | nil                                                                                                                                                                               |
| 11. Action taken, if any and the result thereof                                                                                                                                                                                                                                             | :- | 210/2023Sec. 304 (A) 338,337, 279 IPC r/w sec.184 MVAct<br>. Registered at Girad Police Station                                                                                   |
| N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.                                                                                                                                                      |    |                                                                                                                                                                                   |