

FORM COMP AA

[See Rules 253 O, 254 (c) (iii), 254 (80) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- Pulgaon
2.	CR. NO/TAR No./ SDE No.	:- 098617
3.	Date, Time and place of the accident.	:- 28/06/17 On 20/00 to 20/20
4.	Name of the Injured /Deceased	:- 1. Gopal Santosh Thakare 2. Sachin Vasudev Misal
5.	Name of Hospital to which he /she was removed.	:- General Hospital Wadga
6.	Number of vehicles and type of the vehicle.	:- Hero Passion No. MH-32-AB-3764.
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.	:- Vinod Bappaaji Meshram. At - Bionwafi Nagar, Umazi, Wadga, dist, Wadga. At - Sakrangi Cyender Ta-Peali, Dist - Wadga. Driver Doesn't have licence.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Mr. Suresh Prakashrao Gaurao. At - Hiwara, Ta-Peali Dist - Wadga
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 Limited.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- 01, United India Insurance Company Limited, validity - 27/04/2018.
11.	Action taken, if any, and the result thereof.	:-
		Inspector of Police, Pulgaon Police Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.		

I.O. NPC Lilaadhar D. UKande
 B.No. 957, ps Pulgaon.