

FORM COMP AA

See rules 253 C 254(c)(iii)254(80)255(1)(iv)

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	police station Patoda tq. patoda Dist Beed
2	Cr no./tar no/sde no	Cr.no.04 /2022 U/s 279, 337, IPC , 184,134,177
3	Date time and place of the accident	29/12/2021 time-12.30 pm beed to ahemad nagar road, at ukhanda tq.patoda dist beed
4	Name of the deceased	--
5	Name of the hospital to which he/she was removed	1) RENU HOSPITAL BEED
6	Number of vehicles and type of he vehicle	MH-23 AG-3942 HERO COMPANY XPRO MOTAR CYCLE
7	Name and address of the driver of the vehicle with particulars of 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.	--
8	Name of the address of the owner of the vehicle as it stands on the date of the accident.	--
9	Name and address of the insurance company with whom the vehicle was insured and divisional officer of the said insurance company.	--
10	Number of insurance policy /insurance certificate and the date of validity of the insurance policy/ insurance certificate.	--
11	Action taken if any and the result thereof.	Crime result pending Police Inspector of P.s patoda
	N.B-this form should accompany with all the necessary document viz (1)fir (2)panchnama (3)medical certificate/p m report.	1)fir (2) panchnama