

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.41/2024 U/s 279,337, 338 IPC, U/S 185 (a) M.V.Act 1988
3	Date time and place of the accident	22/02/2024 time 23.14 pm gitewadi phata to patoda road
4	Name of the injured/deceased	1) Rauf janoddin sheikh age 60 year at post islampura patoda (injured)
5	Name of the hospital to which he/she was removed	1) Civil hospital patoda 2) Civil hospital beed
6	Number of vehicles and type of the vehicle	1) MH-23 AG-9386 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 publice service vehicle and the address of the issuing authority of the said badge.	MH-23 AG-9386 MOTAR CYCLE – LAXMAN SUBHASH NIMBALKAR AGE 24 YEAR AT POST GITEWADI TQ PATODA DIST BEED
8	Name of the address of the owner of the vehicle as it stands on the date of the accident.	MH-23 AG-9386 MOTAR CYCLE – LAXMAN SUBHASH NIMBALKAR AGE 24 YEAR AT POST GITEWADI TQ PATODA DIST BEED
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 pendding
	N.B-this form shuld accompany with all the necessary document viz (1)fir (2)panchnama (3)medical certificate/p m report.	Police Inspector of P.s patoda 1)fir (2) panchnama

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