



### 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	:-	BARDAPUR PoliceStation Dist Beed
2.	CR.NO./TAR No./SDE No.	:-	गुरनं 97/2024 कलम 304 (अ),279,337,338,427 भादवि
3.	Date,Time and place of the accident	:-	दि.24/04/2024 रोजी 23.00 ते 23.30 वाचे सुमारास अंबाजोगाई लातुर रोडवर सायगाव शिवारात चव्हाण यांचे डांबर प्लाटजवळ
4.	Name of the Injured/Deceased	:-	मयत शेख खलील शेख खुर्शीद वय 40 वर्ष रा मियॉभाई कॉलनी अंबाजोगाई ता. अंबाजोगाई
5.	Name of the Hospital to which he/she was removed.	:-	स्वामी रामानंद तीर्थ ग्रामीण रुग्णालय अंबाजोगाई .
6.	Number of Vehicles and type of the vehicle.	:-	बस क्र एम एच-20 बी एल-3506
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.	:-	रंजनाथ श्रीरंग वाघमारे वय 44 बस चालक एम एच- 38 20070000497 2220110000360 आर टी ओ हिंगोली
8.	Name and address of the owner of the Vehicle as it stands on the date of the accident.	:-	बस क्र एम एच-20 बी एल-3506 हिंगोली आगार राज्य परीवहन महामंडळ
9.	Name and address of the Insurance Company with whom the vehicle was Insured and the Divisional Office 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.	-	सदर प्रकरणात वरील प्रमाने गुन्हा दाखल असुन सदर गुन्हात तपास सुरु आहे.
N.B.-This form should accompany with all the necessary document viz (1) F.I.R. (2) Panchnama (3) Medical Certificate/Post-Mortem Report.			

*Bidgar*  
APR 23

(एल आर बीडगर)

सफौ/533 पो स्टे बर्दापुर

पोलीस तपासीक अंमलदार