FORM COMP AA

See rules 253 c 254(c)(iii)254(80)255(1)(iv) REPORT ABOUT THE MOTAR VEKICLES ACCIDENTS

1	Name of the police station	police station peth beed Dist Beed
2	Cr no./tar no/sde no	Cr.no.70/2024 U/s 307,324,506,120 B IPC
3	Date time and place of the accident	30/03/2024 time- 18.20 Nalwandi naka beed
4	Name of the deceased	1)pathan safwan khan mehaboob khan age 26 at.Bhaldarpura peth beed 2) khan mehaboob khan khaja khan AGE 58 YEAR at.Bhaldarpura peth beed
5	Name of the hospital to which he/she was removed	1)CIVIL HOSPITAL BEED
6	Number of vehicles and type of The vehicle	MH 23 AD 4440 TOYTA INOVA
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.	SHAIKH TAMIL SHAIKH NIZAM AGE 47 YEAR AT.DILAWAR NAGAR PETH BEED DL no.MH23 20010004957 Dy rto MH 23 BEED
8	Name of the address of the owner of the vehicle as it stands on the date of the accident.	SHAIKH JAMIL SHAIKH NIZAM AGE 47 YEAR AT.DILAWAR NAGAR PETH BEED
9	Name and address of the insurance company with whom the vehicle was insurd and divisional officer of the said insurance company.	UNITED INDIA INSURANCE COMPANY LTD
10	Number of insurance policy /insurance certificate and the date of validity of the insurance policy/insurance certificate.	2307053123P108538531 19/10/2023 TO 18/10/2024
11	Action teken if any and the result thereof.	Crime result pendding
		Inspector of police Ps PETH BEED
	N.B-this form shuld accompany with all the necessary document viz (1)fir (2)panchnama (3)medical certificate/p m report.	1)fir (2)panchnama (3) injury certificate

(अशोक का.मुदिराज) पोलीस निरीक्षक पोलीस स्टेशन पेठ बीड़