



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.101 /2022 U/s 279, 337,338,304 (a) IPC ,
3	Date time and place of the accident	07/03/2022 time-10.00 am beed to ahemad nagar road, pitthi tq patoda dist beed
4	Name of the injured /deceased	Mangal ramling bhondve age 60 year at pitthi tq patoda dist beed
5	Name of the hospital to which he/she was removed	District Civil hospital beed 2) kaku nana hospital beed 3)
6	Number of vehicles and type of the vehicle	Unknown
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.	Unknown
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 1)fir (2) panchnama
N.B-this form should accompany with all the necessary document viz (1)fir (2)panchnama (3)medical certificate/p m report.		

पोलीस चौकशी अमलदार
पोलीस ठाणे, पाटोदा