

## FORM COMP AA

See rules 253 C 254(e)(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.123/2023 U/s 279,337,338,427 भादवी
3	Date time and place of the accident	12/06/2023 time 19.30 pm near by patoda chatrapati shivaji maharaj chowk
4	Name of the injured/deceased	2) Vijay sadashiv jadhav age 45 at post patoda tq patoda dist beed
5	Name of the hospital to which he/she was removed	2) Civil hospital patoda
6	Number of vehicles and type of the vehicle	3) GJ-16 AD-6142 (MOTARCYCLE) 4) MH-23 BC-3538(CAR)
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.	1) Vijay sadashiv jadhav age 45 at post patoda tq patoda dist beed (injured) 2) Asaram devidas jadhav age 41 year at post patil galli patoda tq patoda dist beed LICEN NO. - MH23 20180004884
8	Name of the address of the owner of the vehicle as it stands on the date of the accident.	1) Vijay sadashiv jadhav age 45 at post patoda tq patoda dist beed (injured) 2) Asaram devidas jadhav age 41 year at post patil galli patoda 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.	<b>Reliance general insurance co ltd</b>
10	Number of insurance policy /insurance certificate and the date of validity of the insurance policy/ insurance certificate.	2302101284184000000 14/09/2022 TO 13/09/2023
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