

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.182/2023 U/s 279,304 (अ), 337,338, भादवी सह कलम 134,177 मो.वा.का.
3	Date time and place of the accident	21/08/2023 time 19.30 pm ahemadnagar to beed road laimbadevi tq patoda dist beed
4	Name of the injured/deceased	1) Govind limbaji dhore age 40 (dead) 2) Vishnu pandharinath dhore age 41 (injured) both at post pitthi tq patoda dist beed
5	Name of the hospital to which he/she was removed	1) Civil hospital beed 2) Lotas hospital beed
6	Number of vehicles and type of the vehicle	1) MH-23 V-5986 (TWO WHEELER) 2) MH-14 DX-9147 (SCORPIO 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) MH-23 V-5986 (TWO WHEELER) - Vishnu pandharinath dhore age 41 both at post pitthi tq patoda dist beed LICEN NO. - MH23 20100006428 2) MH-14 DX-9147 (SCORPIO CAR) Prashant sampat jaybhay age 30 at post anpatwadi tq patoda dist patoda Licen no . - MH23 20110008111
8	Name of the address of the owner of the vehicle as it stands on the date of the accident.	1) Vishnu pandharinath dhore age 41 at post pitthi tq patoda dist beed LICEN NO. - MH23 20100006428 2) Prashant sampat jaybhay age 30 at post anpatwadi tq patoda dist beed Licen no . - MH23 20110008111
9	Name and address of the insurance company with whom the vehicle was insured and divisional officer of the said insurance company.	Shreeram general insurance company limited
10	Number of insurance policy /insurance certificate and the date of validity of the insurance policy/ insurance certificate.	10003/31/23/382917 08/02/2023 TO 07/02/2024
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