

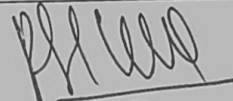
## FORM COMP. 'AA'

(See rule 253 (c), 254 (5) (iii), 255(1)(iv))

### Report About The Motor Vehicles Accidents

1	Name of the Police Station	पोस्टे नेर जि. यवतमाळ
2	Crime No./ TAR No. / SDE No.	322/2021 sec. 279, 337, 338, 304(अ) भादवि
3	Date time and place of the accident	दि. 26/06/2022 चे 12/30 वा. चे सुमारास मॉ दुर्गा ढाब्याजवळ ,अमरावती रोड, नेर
4	Name of the injured/ deceased	ग.भा. सुमन उध्दव कुलकर्णी वय 55 वर्षे, रा. आंबेडकर चौक, नेर
5	Name of the Hospital to which he/she was removed	ग्रामीण रुग्णालय नेर व शासकीय रुग्णालय यवतमाळ
6	Number of vehicle and the type of the	प्रवासी अपे क्र. MH 29 BD 0343
7	Name & address of the Driver of the vehicle with particulars of driving licence of the said driver and the address of the issuing authorite of the said driving licence	पंकज भिमराव डोंगरे वय 38 वर्षे, रा. वटफळी ता. नेर DL NO.MH29 20090010438 MH. STATE MOTOR DR.LICENCE
8	Name & address of the owner of the vehicle as it stands on the date of the accident	पंकज भिमराव डोंगरे वय 38 वर्षे, रा. वटफळी ता. नेर
9	Name & address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance	Cholamandalam Genaral Insurance L.T.D.
10	Numbar of insurance policy/insurance certificate and the date of validity the police/ certificate of insurance.	DLNo. 3368/01313217/000/01 18/04/2021 ते 17/04/2022
11	Action taken,if any and the result the reof	चार्ज शीट दाखल.

Date :- 18/12/2022

Signature-   
पोलीस निरीक्षक  
पोलीस स्टेशन, नेर  
(Inspector of police/P.S.O.)

Police Station Ner