


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 :- Ner
2. Crime No./ TAR No. / SDE No. :- 450/19 sec. 279,304 (A)
3. Date time and place of the accident :- 13/9/19 20:00 to 20:30 Donad
4. Name of the injured deceased :- Head injured
5. Name of the Hospital to which he/she was :- R.H.Ner
removed
6. Number of vehicle and the type of the :- Cruzar No. MH-29-AD-0491
7. Name & address of the Driver of the vehicle :- Ashok Mahadev Jadhav.
with particulars of driving licence of the said At P Chincholi TQ. Digras
driver and the address of the issuing DL NO.MH2920110011921
authorite of the said driving licence MH. STATE MOTOR DR.LICENCE
8. Name & address of the owner of the vehicle :- GANESH MAHADEVO KHARPADE
as it stands on the date of the accident GOVIND NAGAR, PUSAD
9. Name & address of the insurance company :- THE ORIENTAL INSURANCE COM.LTD
with whom the vehicle was insured and the PUSAD
divisional office of the said insurance
company.
10. Numbar of insurance policy/insurance :- 182392/31/2020/487
certificate and the date of validity the ON 10/08/2019 TO 09/08/2020
police/ certificate of insurance.
- 11.Action taken,if any and the result the reof :- Accuse Arrested

Date :- 05/12/2019

Signature- 
(Inspector of police/P.S.O.)
Police Station Ner