

227

Form Comp A.A.

(See rules 253(c), 234(5)(iii), 254(2)255(1)(iv))

REPORT ABOUT THE, MOTOR VEHICLE ACCIDENTS.

1	Name of the police station	Yavatmal city police station Dist Yavatmal
2	CR.NO./FIR NO.U/SEC	1075/18 U/SEC 279, 337 IPC SEC 184 MV Act
3	Date, Time and Place of the Accident.	Near Hotel Garden Goli Nafar Road Yavatmal 12/11/18 at 17:00
4	Name of the injured/deceased	Simple Injury by two Person.
5	Name of the Hospital to which he/she was removed	Government Hospital. Yavatmal
6	Number of the vehicle and The type of the vehicle.	MH-31/G-2918 @ Maruti 800
7	Name and address of the Driver of the Vehicle with Particulars of driving licence of the said driver and the address of the issuing authority of the said badge?	Nayan Prasad Patil age 32 years at Patipada Yavatmal. 8857851230
8	Name and address of the owners of Vehicles as it stand on the date of accident?	Rahul Gulabrao Gaibhiye at Jamnagar Nagar Yavatmal.
9	Name and address of the insurance company with whom the vehicle was insured and the Divisional officer of the said insurance company?	—
10	Number of insurance policy/insurance certificate and the date of the validity of the insurance policy/ insurance certificate.	—
11	Action taken, if any and the result thereof	Ch.No. 1075/18 U/SEC 279, 337 IPC. u/SEC 184 MV Act.
Date :- / /2017		INSPECTOR OF POLICE POLICE STATION

NB:- This form should accompany with all the Necessary documents
Viz.(i)FIR(ii)Panchanama,(iii)Medical certificate/Post Mortem Report etc.