

FORM COMP AA
[SEE RULE 253 [C] (III) 254 (80255(1) (IV))
REPORT ABOUT MOTOR VEHICLES ACCIDENTS

	Name of the police station	अशवाजी
2	Cr no.	
3	Date time and place of the accident	32/2020 कर्मन 279 337
4	Name of the injured / deceased	21/1/2020 य 16/35 44 5 L राजेश गोदापवठ सत → १) अजित काशीनाथ पु 944 पुत्र → 2) प्रशांत बाळराज दिवंगत 944 पत्नी → 3) शीनेर शारदा शारदा 944
5	Name of hospital to which he / she was removed	
6	Number of vehicle and type of the vehicle	21/1/2020 य 16/35 44 5 L
7	Name and address of the Driver of the vehicle with particulars or Driving licence 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.	नं० ५ MH34 AA 8268
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company.	मन-मन काशीनाथ पु 26/01/2020 काशीनाथ पु
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance policy/ insurance certificate.	-
11	Action taken, if any and the result thereof.	-
		849, 32/20 कर्मन 279, 337, 304(A) SP 184 MVA पु.स. अशवाजी


 पोलिस निरीक्षक
 पो.स्टे.भद्रावती


 252
 गजानन तेलरांधे
 पोलीस उपनिरीक्षक
 पो.स्टे.भद्रावती

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