

FORM COMP AA

[See Rules 253, 254 ©(iii), 254(80255(1)(iv))]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

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| 1. | Name of police Station | Ramnagar |
| 2. | Cr.No./TAR No./SDe No | 143/2019 U/C 279,338,304(A)IPC R/W 184, MVA CT |
| 3. | Date, Time and place of the accident | 05/02/2019 TO 12:00 A.M. DRC HELTH CALUB CHOUK CHANDRAPUR |
| 4. | Name of the Injured/Deceased | PANDHARINATH SHANKAR GAHUKAR AGED 50 YEARS R/O INRDANGAR BAMBAY PLAT CHANDRAPUR DISTT NASHIK |
| 5. | Name of Hospital to which he/she was removed | GENRAL HOSPITAL CHANDRAPUR |
| 6. | Number of vehicles and type of the vehicle | S T BUS NO MH 14 BT 5010 |
| 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 Athority of the said Badge. | AFSARKHAN NABIKHAN AGED 32 YERS AALEGAW MASJIDPURA MASTAN CHOUK TA. PATUR DIST. AKOLA LICENCE NO. MH30-20070013811 BATCH NO. 70003 RTO AKOLA |
| 8. | Name and address og the Owner of the vehicle as it stands on the date of the accident. | MAHARASHTRA STATE TRANSPORT CORPORATION BOMBAY(MSRTC) |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | NOT AVAILABLE |
| 10. | Number of Insurance Policy/Insurance Certificate and the date of Validity of the insurance Policy/Insurance Certificate | NOT AVAILABLE |
| 11. | Action taken if any and the result thereof. | INVESTIGATION IS IN PROGEESS |
| 12. | N.B- This form should accompany with all the necessary document viz.(1) F.I.R.(2)Panchanama (3) Medical Certificate/Post-Mortem Report. | |

Inspector of Police
RAMNGAR Police Station