

FORM COMM AA

[See Rules 253©,254(c) (iii)]254(80) 255(1)(iv)] REPORT

ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	KHOPOLI POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 188/2017
3.	Date, Time and place of the accident	:-	DATE 07.09.2017 at 19.45 PM Tambade khurd gaon, tal. Roha
4.	Name of the injured/deceased	:-	Sudhir Haribhau Gosavi at gosavi chawl, varchi khopoli, khalapur Raigad
5.	Name of the Hospital to which he/she was removed	:-	
6.	Number of vehicles and type of the vehicle	:-	MH43U3427 CONTENOR TRUK
7.	Name and address of the Driver of vehicle with particulars or 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 inssuing Authority of the said Badge.	:-	Tribhuvannath Ramkishor Yadav at Barshi Po. Zavvara Dist Sultanpur State Uttar Pradesh
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	PHC KHALAPUR
9.	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Company.	:-	
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.	:-	PI/- KHALAPUR POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		

FORM COMM AA

[See Rules 253©,254(c) (iii)]254(80) 255(1)(iv)] REPORT

ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	WADKHAL POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 35/2017
3.	Date, Time and place of the accident	:-	07/09/2017 AT 02:30
4.	Name of the injured/deceased	:-	--
5.	Name of the Hospital to which he/she was removed	:-	--
6.	Number of vehicles and type of the vehicle	:-	1) TRUK GJ 27 V 9262 2) TRUK MH 04 DS 4285
7.	Name and address of the Driver of vehicle with particulars or 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 insuing Authority of the said Badge.	:-	JAYSINGH SHRIRAM SINGH AT NIMHA PO TIMARI TAL KOTHAR DIST SATNA STATE MP
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 vehicles was insured and the Divisional Office of the said Insurance Company.	:-	
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.	:-	PI/- VADKHAL POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		

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ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	KHOPOLI POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 117/2017
3.	Date, Time and place of the accident	:-	07/09/2017 AT 02.00 AM
4.	Name of the injured/deceased	:-	--
5.	Name of the Hospital to which he/she was removed	:-	--
6.	Number of vehicles and type of the vehicle	:-	TEMPO MH 10 CR 5511
7.	Name and address of the Driver of vehicle with particulars or 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 inssuing Authority of the said Badge.	:-	SANJAY SITARAM JADHAV AT URMILA NAGAR TAL MIRAJ SANGLI LICENSE NO MH03 19960024955
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 vehicles was insured and the Divisional Office of the said Insurance Company.	:-	
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.	:-	PI/- KHOPOLI POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		