

## 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	:-	KHALAPUR POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 209/2017
3.	Date, Time and place of the accident	:-	DATE 08.09.2017 at 02.30 ON MH 04 HIGHWAY NEAR HP PETROL PUMP, KHALAPUR.
4.	Name of the injured/deceased	:-	deceased:- VYANKAT TULASHIRAM SURYAVANSHI , AT. KHOPOLI, PER.ADD. OSMANABAD
5.	Name of the Hospital to which he/she was removed	:-	PHC KHALAPUR
6.	Number of vehicles and type of the vehicle	:-	UNKNOWN VEHICAL
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.	:-	-
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 there of.	:-	-
			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	:-	SHRIVARDHAN POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO.10 /2017
3.	Date, Time and place of the accident	:-	DATE 08.09.2017 at 09.15 am NEAR BODANIGAON, MHASALA SHRIVARDHAN ROAD
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	:-	TRUCK NO. MH46F3227
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.	:-	TRUCK DRAIVER :- SUNILKUMAR AMRUTLAL ADIWASI, AT. VADAL MUMBAI, PER. ADD. ILAHABAD , UP
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 there of.	:-	-
			PI/- SHRIVARDHAN 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.		