

## 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	:-	MANGAON POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 124/2017
3.	Date, Time and place of the accident	:-	DATE 09.09.2017 at 12.10 PM AT MUMBAI GOA HIGHWAY FRONT OF INDAPUR NAGROLI FATA
4.	Name of the injured/deceased	:-	1) RACHNA DHONDU RAO AT MANGAON 2)LAKSHMAN DAGADU MALI AT TALA 3)VIDYA HARISHCHANDRA MORE AT BHUVAN MANGAON 4BHARTI BHASKAR HATE AT NALASOPARA THANE 5)BHAGYASHRI AATMARAM ADHIKARI AT INDAPUR MANGAON 6)SANGITA SHANKAR UBHARE AT KSHENE MANGAON 7)MINAKSHI VIJAY DESHMUKH ROHA
5.	Name of the Hospital to which he/she was removed	:-	CIVIL HOSPITAL MANGAON
6.	Number of vehicles and type of the vehicle	:-	SHINE 9895 NO NOT KNOWN BUS MH 20 BL 0732
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.	:-	1)MAHADEV SADASHIV KHARAT AT DIGHI TAL KARJAT DIST AHMADNAGAR
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/- MANGAON 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	:-	NERAL POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 19/2017
3.	Date, Time and place of the accident	:-	09/09/2017 04:30 AM AT KARJAT MURBAD ROAD CHAHUCHI WADI
4.	Name of the injured/deceased	:-	AMBADAS GANPAT GOFANE
5.	Name of the Hospital to which he/she was removed	:-	PHC KASHELE AT KARJAT
6.	Number of vehicles and type of the vehicle	:-	1) TRUK MH 14 BJ 7086
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 thereof.	:-	- API/- NERAL 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	:-	GOREGAON POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 23/2017
3.	Date, Time and place of the accident	:-	08/09/2017 23:25 AT KHANDPALE VILLAGE NEAR BY RELINCE PETROL PUMP MUMBAI GOA HIGHWAY MANGAON
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 MH 43 4029 2) TRACTOR MH 11 M 5895
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.	:-	1)MANOJ BABURAO SHEJOLE AT PUSUND YAVATMAL
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/- GOREGAON 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 118/2017
3.	Date, Time and place of the accident	:-	03/09/2017 17:03 AT MUMBAI PUNE EXPRESS WAY ADOSHI VILLAGE
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 MH 43 U 6097
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.	:-	1)SUBHASHCHANDRA RAMJAYWANT RAJAK AT
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.		

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**ABOUT THE MOTAR VEHICLES ACCIDENTS**

1.	Name of the Police Station	:-	MAHAD TALUKA POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 05/2017
3.	Date, Time and place of the accident	:-	09/09/2017 15:30 AT VIR VILLAGE TOLL FATA MUMBAI GOA HIGH WAY ROAD
4.	Name of the injured/deceased	:-	SHIVAJI TUKARAM SHIVALDKAR AT DHOKMALE NEVRE RATNAGIRI
5.	Name of the Hospital to which he/she was removed	:-	CIVIL HOSPITAL MAHAD
6.	Number of vehicles and type of the vehicle	:-	1) ERTIGA MH05 CH 2765
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.	:-	1)ANIKET SHIVAJI SHIVALDKAR AT DHOKMALE NEVRE RATNAGIRI
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/- MAHAD TALUKA 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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1.	Name of the Police Station	:-	PALI POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 18/2017
3.	Date, Time and place of the accident	:-	06/09/2017 20:30 AT GHODYACHA DOH KHOPOLI PALI ROAD
4.	Name of the injured/deceased	:-	GORAKSHAK VILAS DAHIPHODE AT DHUNDI VINAYAK NAGAR PALI
5.	Name of the Hospital to which he/she was removed	:-	SPARSH HOSPITAL PANVEL
6.	Number of vehicles and type of the vehicle	:-	1) HIRO HONDA MH16 AA 2405 2)XYLO JEEP MH 06 BE 4161
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.	:-	
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	1) GORAKSHAK VILAS DAHIPHODE
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/- PALI 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.		