

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	:-	ROHA POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 182/2017
3.	Date, Time and place of the accident	:-	DATE 10.09.2017 at 02.00 am Tambade khurd gaon, tal. Roha
4.	Name of the injured/deceased	:-	injured - Archana Harichandra Manduskar Age.50 At.Pui, tal.Roha
5.	Name of the Hospital to which he/she was removed	:-	
6.	Number of vehicles and type of the vehicle	:-	MH06AW4857 INOVA CAR MH06BR9562 MOTAR CYCLE
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.	:-	INNOVA CAR DRAIVER :- VIJAY ANKUSH GAIKAR AT. SHIGHRE MURUD, RAIGAD  MOTAR CYCLE RAIDER :- SURESH SAHADEO BHAGAT , AT. BORGHAR, ROHA RAIGAD
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/- ROHA 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	:-	VADKHAL POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 36/2017
3.	Date, Time and place of the accident	:-	DATE 10.09.2017 at 11.30 am AT INDRANAGAR GAON, NEAR RELIANCE PETROL PUMP, VADKHAL, TAL. PEN
4.	Name of the injured/deceased	:-	Injured :- VILAS HANUMANT YADAV, AT. GANESH NAGAR, GHODBANDAR, THANE  DECEASED :- BRIJESH SHICHAND YADAV, AT. GANESH NAGAR, GHODBANDAR, THANE
5.	Name of the Hospital to which he/she was removed	:-	RURAL HOSPITAL PEN
6.	Number of vehicles and type of the vehicle	:-	MH40BG 0847 TRAILER MH04GH3735 MOTAR CYCLE
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.	:-	TRAILER DRAIVER :-  MOTAR CYCLE RAIDER :- VILAS HANUMANT YADAV, AT. GANESH NAGAR, GHODBANDAR, THANE
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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1.	Name of the Police Station	:-	KHOPOLI POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 119/2017
3.	Date, Time and place of the accident	:-	DATE 03.09.2017 at 03.15 am AT ON MUMBAI-PUNE HIGHWAY, NEAR DHEKUGAON
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	:-	MH 46 AP 0920 HONDA CAR MH43U6097 TRAILER ( CUNTAINER )
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.	:-	CUNTAINER DRAIVER :- SUBHASHCHANDRA RAMJAYVAN RAJAK  HONDA CAR DRAIVER :- SAURABH CHANDRAPRAKASH SAWANT AT. KHARGHAR, NAVI MUMBAI. MH 27 &20090016527
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	-HONDA CAR OWNER :- SAURABH CHANDRAPRAKASH SAWANT AT.
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.			

## 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	:-	RASAYANI POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO 29/2017
3.	Date, Time and place of the accident	:-	DATE 06.09.2017 at 23.30 AT NEAR CHAMBHARLI TO RIS ROAD BRIDGE, RASAYANI
4.	Name of the injured/deceased	:-	INJURED :- 1) PRAVINKUMAR SOMASE, AT. SHIVNAGAR, KHALAPUR, DIST.RAIGAD 2) DIPAK ANANTA HANDE , AT. MOHPADA DONGARI, TAL. KHALAPUR
5.	Name of the Hospital to which he/she was removed	:-	-
6.	Number of vehicles and type of the vehicle	:-	MH 46 R 3484 HONDA UNICORN MOTAR CYCLE
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.	:-	HONDA UNICORN MOTAR CYCLE RAIDER :- PRAVINKUMAR SOMASE, AT. SHIVNAGAR, KHALAPUR, DIST.RAIGAD
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/- RASAYANI 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.			