FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	:-	PARANDA
2	CR.No./TAR No./SDE No.	:-	239/2021
3	Date, Time and place of the accident	:-	04/07/2021 Mankeshwar to Bhandgav road near Bhandgav
4	Name of the Injured/Deceased	:-	Mangesh Sandippan Mane (Dead)
5	Name of Hospital to which he/she was removed	:-	Jagdale Hosptial Barshi
6	Number of vechicles and type of the vehicle	:-	Alto-K-10- MH-14-FG-2972 And Honda Unicorn-MH-12-TF- 5690
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 Authority of the said Badge.	:-	Gajanan Haridas Bagade At- Post Bhoom Issuing Authority- Maharashtra State Motor Driving Licence Osmanabad Licence No.MH-25 20180019733
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Gajanan Haridas Bagade At- Post Bhoom Villege – Bhoom A.P – Bhoom Taluka - Bhoom Dist.Osmaabad maharashtra
9	Name and address of the Insurance Company with whom the vehicle 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.	:-	--------
			Police Station
	N.B.—This form should accompany with all the necessary document viz. (1)F.I.R.(2)Panchanama (3)Medical Certificate/Post-Mortem Report		

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