

**FORM COMP AA**

( See Rules 253 @, 254@ (iii), 254 (80 255(1)(iv) )

**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the Police Staion	- Ghodegaon
2	CR. No/TAR No/SDE No	- 193/2017 I.P.C. 304(A), 279
3	Date Time and :lace of the accident	- Date- 17/07/2017 Time - 13/00 pm Place – Rajewadi near farm of Asane- Bhimashankar - Manchar road.
4	Name of the Injured/ Deceased	- <del>Abbed</del> Lalan Dyaram Saroj age- 22, at- Dayaram Saroj Nagar, Near Jadhav Mala Ahemadnagar. ( address- at Makanpur Rohi, tal- dnyanpur, Dist- bhandoi, State- UP
5	Name Of Hospital to which he/she was removed.	- At First at R.H. Ghodegaon and then Immediately referred to Anand Rushi Hospital ahmednagar Dist- Ahmednagar
6	Number of vechicles and type of the vehicle	- 1) Motor cycle no. MH 16 BD 5565
7	Name and address of the Driver of the 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 Publice Service Vehicle and the address of the ussuing Authority of the said Badge.	- Lalan Dyaram Saroj age- 22, at- Tal Ambegaon, Dist Pune. ( address- at Makanpur Rohi, tal- dnyanpur, Dist- bhandoi, State- UP Driving  License no. – No.
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	- Sharadkumar Uttamrao Ohal At- Rasane nagar Premdan Hudco, Savedi, Ahemadnagar.
9	Name and address of the Insurance Company with whom the vehicle was insurance company.	- No.
10	Number of insurance Policy/insurance Certificate and the Date of validity of the insurance policy/Insurance Policy/Insurance Certificate.	- No.
11	Action taken, if any, and the result thereof.	- 1) investigation completed ( Abbeded summary) 2) D.A.R. form has been send to hon.court



*K. Ghosh*  
17/07/17  
Inspector of Police  
Ghodegaon Police Station