

FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of police station	Satara taluka police station
2	CR NO / TAR NO. / SDE No.	210/2017 IPC 279, 304(a), 338 M.V.Act 184, 134(a)(b)/187
3	Date time and place of the accident	Date 25/05/2017 at 18.30 a/p shivther taluka Dist. Satara Satara to lonand road near ingawale wasti.
4	Name of injured / Deceased	Deceased- Dattatraya manohar landage
5	Name of hospital to which he / she was removed	Civil hospital, satara
6	Number of vechile and type of the vechile	Unknown vehicle
7	Name and address of the driver of vechile with particulars or Driving license of the side driver and the address of the issuing authority of the side driving license. The no of badge in case of public service vehicle and the address of the issuing authority of the side badge.	--
8	Name of address of the owner of the vehicle as it stands date of accident	--
9	Name and address of the insurance campony with whom the vehicle was insured and the divisional office the side insurance campony	--
10	No of insurance policy / insurance certificate and the date of validity of insurance policy / insurance certificate	--
11	Action taken, if any, and the result there of.	As above
		Inspector of police Satara taluka police station