

FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of police station	Satara taluka police station
2	CR NO / TAR NO. / SDE No.	218/2017 IPC 279, 337 M.V.Act 184
3	Date time and place of the accident	Date 08/06/2017 at 05.45 a/p Nagewadi, taluka Dist. Satara, pune to banglore highway road, front of dhanashri hotal
4	Name of injured / Deceased	Injured – 1) Narayan Shankar jadhav 2) vitthal shivram falke
5	Name of hospital to which he / she was removed	Civil hospital, satara
6	Number of vechile and type of the vechile	S.T. Bus no. MH-20-BL-3043
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.	Narayan Shankar jadhav Age 52, s.t. bus Driver, batch no. 1857 a/p- bambvade taluka palus Dist. – Sangli R.T.O. Mumbai
8	Name of address of the owner of the vehicle as it stands date of accident	Maharashtra State Road Transport Corporation Mumbai
9	Name and address of the insurance campony with whom the vehicle was insured and the divisional office the side insurance campony	Maharashtra State Road Transport Corporation Mumbai
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