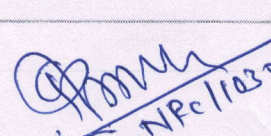




FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80-255 (I) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- Taluka Jalna
2.	CR. NO./TAR No./ SDE No.	:- 255/19/15/273,337,338,339
	Date, Time and place of the accident	01/10-6-15/04/2015/Atan Taluka Jalna
4.	Name of the Injured /Deceased	Dr. Shrikant Ashokrao Patil As National Manager, Taluka Jalna
5.	Name of Hospital to which he /she was removed.	:- MGM Anandnagar
6.	Number of vehicles and type of the vehicle.	:- Two M/C and unknown
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.	:- Mr. Shrikant Ashokrao Patil As National Manager, Taluka Jalna and unknown Taluka Jalna
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 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.	:- Pending Investigation


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Inspector
 पोलीस ठाणे
 ता. जालना Station.