

FORM COMP AA

[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

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| 1. | Name of the Police Station | :- | Karanja Ghadge |
| 2. | CR. NO./TAR No./ SDE No. | :- | 085/18 sec 279, 304(A) IPC |
| 3. | Date, Time and place of the accident. | :- | 19/02/18 At 13/15 bustop Karanja |
| 4. | Name of the Injured /Deceased | :- | Jigar Rupchand Dhurve |
| 5. | Name of Hospital to which he /she was removed. | :- | R.H. Karanja then refer to Nagpur |
| 6. | Number of vehicles and type of the vehicle. | :- | Unknown TATA (ACE) drive |
| 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 Public Service Vehicle and the address of the Issuing Authority of the said Badge. | :- | Unknown |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | :- | Unknown |
| 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. | :- | FIR. Register |
| | | | R.T. Shete Inspector of Police. Karanja 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. | | | |