

FORM COMP AA

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

	Name of the Police Station	;-	च्याप्रामे-
} (CR. NO./TAR No./ SDE No.		581/17 00 0 274, 337 INC KIW184
	Date, Time and place of the accident.		23/6/14 2 /3/3007
	Name of the Injured Deceased >xyakeskoov Name of Hospital to which he she was removed.	:-0	gunphy hadake age 45aw ps. former civil hospital hintanght,
1			civil hospital hinterions
	Number of vehicles and type of the vehicle.	:-	MH.32 X 6333
- 1	Name and address of the Driver of the vehicle		unknown
-	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.		
8.	Name and address of the Owner of the vehicle as	1-	=
	it stands on the date of the accident.	1	,
9.	Name and address of the Insurance Company with		_
	whom the vehicle was insured and the Divisional	:	:-
	Office of the said Insurance Company.		
10.	P. C. Agarange Certificate	1	UNKNOWN
2 2 2	and the Date of Validity of the insurance		21
	Policy/Insurance Certificate.		
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_		1	
_		+	1 Sould almost
		:	Inspector of Pulice
į.			पोलीस निरक्षक Police Station
Ages on the Section of the Section o			पो. स्ट. २ २ लिंडा १
ori il	N.B - This form should accompany with all the r	!	