

FORM COMP AA

[See Rules 253 O. 254 (c) (iii) . 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	-:	पुल्गांव
2.	CR. NO/TAR No/ SDE No.	-:	१०६८१७७
3.	Date, Time and place of the accident.	-:	६/७/१७ ये ११:३० वा
4.	Name of the Injured /Deceased	-:	श्रीराम मोहम्मद श्रीराम लक्ष्मणाय ५०
5.	Name of Hospital to which he /she was removed.	-:	सावंगी मे. व. विनोबा कर्वे अस्पताल
6.	Number of vehicles and type of the vehicle.	-:	अज्ञान
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.	-:	अज्ञान मोरर सावंगी
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-:	अज्ञान
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.	-:	-
			Inspector of Police,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.			

12/11/17
पोलीस निरीक्षक
पोलीस स्टेशन, पुल्गांव.