FORM COMP AA

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

1.	Name of the Police Station	=	CA-CC. GRI COLECT
2.	CR. NO./TAR No./ SDE No.	:-	233717/an 260 war 10 marille 1
3.	Date. Time and place of the accident.	:4	2337176am2 266, 400 +3818ck/49
4.	Name of the Injured /Deceased	-	
5.	Name of Hospital to which he /she was removed.	=	
6.	Number of vehicles and type of the vehicle	Q.	arc >1, 1 8, m H-49/U-5100
7.	Name and address of the Driver of the vehicle	-	
	with particulars or Driving License of the said		4100 ac M420/8/23 -u
72-1	Driver and the address of the Issuing Authority of	:-	alm to - Alling alda
1	the said Driving License. The number of Badge in		w.
	case of Public Service Vehicle and the address of		
į	the Issuing Authority of the said Badge.		
8.	Name and address of the Owner of the vehicle as	:-	
	it stands on the date of the accident.		
Ģ	Name and address of the Insurance Company with		
İ	whom the vehicle was insured and the Divisional	:-	
	Office of the said Insurance Company.	1	
10			·
i	and the Date of Validity of the insurance	:-	:
1	Policy/Insurance Certificate.		
11	Action taken, if any, and the result thereof.		
			6/1/1
-		1	Inspector of Parice.
9 3 0		-	पोलीस निरिक्षिक
			पो.स्टे.वर्धा (श)
- 12	N.B - This form should accompany with all the ne	ces	sary document viz. (1) F.I.R (2) Panchanama
1	Acres Report		