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55617
12/10/17


FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (3) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1. Name of the Police Station	पो.स्टे.वर्धा (श.) र्शि. वर्धा
2. CR. NO. / AR No. / SDF No.	अप.क्र. 1397/17 फस 279,337 भावपी
3. Date, Time and place of the accident.	दि. 11/06/17 पो 01/00 वा. क्र.ड. वर्धा
4. Name of the Injured / Deceased	प्रियास विनामक पुनवरर अप 30 वर्षीय. कर्मचारी
5. Name of Hospital to which he / she was removed.	क्र.ड. वर्धा
6. Number of vehicles and type of the vehicle.	मोटरसायकल - क्र. MM32 G-151
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	वेणुप देवनाथ रा. वृत्ती जंमकर वर्धा
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.	वेणुप देवनाथ रा. वृत्ती जंमकर वर्धा.

Inspector of Police ड. को. विनोद साठव
Police Station पो.स्टे. 433, चि. वर्धा

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama
(3) Medical Certificate Post - Mortem Report


पोलीस ठाणे
पो.स्टे.वर्धा (श.)