

01C.

FORM COMP AA
 {See Rules 243 c, 244 (c) (iii), 244 (20 244 (1) (iv) }
 REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
2	CR.No./TAR No./ SDE No.	४५५/१७ कलम २७९, ३३७ भादवि.
३	Date Time and Place of the accident\	11/07/2017 चे 20/30 वा. दरम्यान शेगाव नाका जवळील रंगोली वार्डन शॉप समोरील रोडवर, अमरावती.
४	Name of the Injured / Deceased.	अब्दुल मतीन अब्दुल मजीद पटेल वय 42 वर्षे रा.दारापुर ता. दर्यापुर, जि. अमरावती. मो. 9767973330
५	Name of Hospital to which he/she was removed,	1) लाहोटी हॉस्पिटल अमरावती. 2) SUN SHINE Advanced Healthcare centre, Nagpur.
६	Number of vehicles and type of the vehicle.	MH-27 BA 6543 यामा FZ
७	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 Vehicles and the address of the Issuing Authority of said Badge.	शुभम ज्ञानेश्वरराव रेचे, वय 22 वर्षे, धंदा शिक्षण, रा.काटसुर ता. मोर्शी, जि.अमरावती. मो. 7066157636. DL.NO. MH27-20120018916
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	शुभम ज्ञानेश्वरराव रेचे, वय 22 वर्षे, धंदा शिक्षण, रा.काटसुर ता. मोर्शी, जि.अमरावती. मो. 7066157636.
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	विमा नाही.
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	विमा नाही.
११	Action taken, if any, and the result there of.	नमुद घ. ता. वेळी व ठिकाणी यातील फि. चे जबानी रिपोर्ट नुसार गुन्हा दाखल असुन सदर गुन्ह्याच्या (D.A.R.) फॉर्म न्याय अपघात प्राधिकरणाकडे पाठविण्याची तजवीज ठेवली आहे. Inspector of police गारुड पोलीस निरीक्षक Gadgenagar police station पो.स्टे.गाडगे नगर, अमरावती
N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		