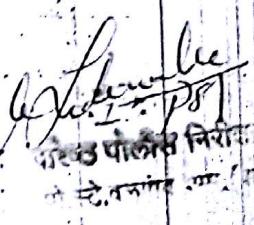


July 17

प्राप्ति संख्या 1325/12
 नामक संख्या 2519/12

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	वाराणसी अमृपत्ति 2163
2. CR. NO./TAR No./SDE No.	260117 श 229, 337, 338 510
3. Date, Time and place of the accident.	28/7/17 श 20/30 वर्ष विकास नगर
4. Name of the Injured/Deceased	1) श्री पी. शानेश्वर जी देव 2) श्री अरुण कुमार
5. Name of Hospital to which he /she was removed.	2) अनुमोदन माला अस्पताल, वाराणसी
6. Number of vehicles and type of the vehicle.	2 वाहन, 1 गाड़ी और 1 बाटुली
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.	पर्सनल ड्राइवर श्री देव 34 विकास नगर DL NO - MH27-20080015296 266
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	श्री पी. शानेश्वर जी देव 9435 व विकास नगर
9. Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	पर्सनल ड्राइवर श्री देव 34 विकास नगर MH27-BM-8185
10. Number of Insurance Policy /Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate.	पर्सनल ड्राइवर श्री देव 34 विकास नगर 16-6-11 2016 T. 371/2018
11. Action taken, if any, and the result thereof.	श्री पी. शानेश्वर जी देव 9435
Inspector of Police, Walgaon Police Station. 	

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