

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	:-	नागपुरीगेट अमरावती राहट
2.	CR. NO./TAR No./ SDE No.	:-	2९५/१६ उ.२६९,३३७, ३२७ भांडवि.
3.	Date, Time and place of the accident.	:-	चांदनी चौक अम. 21/१६ चं 231५५ वा
4.	Name of the Injured /Deceased	:-	शेख शेखवाज शेख साहेब वय 2४ वर्ष
5.	Name of Hospital to which he /she was removed.	:-	जि. सा. दुर्गाण्य अमरावती .
6.	Number of vehicles and type of the vehicle.	:-	MM३५ - P - १६२९ .
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.	:-	राहुल खनवान चोरपमार वय 2७ वर्ष. श. अमीन खिराना जवह. दुरळीगी नगर अमरावती.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	—do—
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.			