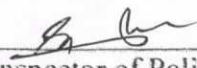


June 17

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	-	Badnera Amravati City
2.	CR. NO./TAR No./ SDE No.	-	284/2017-SDE No 32/17-2018
3.	Date, Time and place of the accident.	-	13-6-2017 - 9-30 to 9:00 Mogara Bus stop
4.	Name of the Injured /Deceased	-	Ganputra Shivram Ghodeswar
5.	Name of Hospital to which he /she was removed.	-	General Government Hospital Amravati
6.	Number of vehicles and type of the vehicle.	-	ST. Bus No MH-43-H-9260
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.	-	Ravindra Ratankar Mokale add. - Hiranagar Buz. Tal Badnera Nandgaon Dist Amravati L. No MH2720090002495 R-T.O Amravati LMU 11-01-2018 (TR)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-	S.T. Mahamandal Mahabashtra
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-	Nil
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	-	Nil
11.	Action taken, if any, and the result thereof.	-	—
			
			Inspector of Police,
			Badnera Police Station.
			पोलीस निरीक्षक
			पोलीस स्टेशन, १३ जून २०१७
N.B – This form should accompany with all the necessary document viz. (1) Inquest Report (2) Inquest Report (3) Medical Certificate/Post -Mortem Report.			