



FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- फ़ेज़रपुरा इमरतवाली शहर
2.	CR. NO./TAR No./ SDE No.	:- 593/2017 क 279.337 1PC
3.	Date, Time and place of the accident.	:- 15.7.2017 च सांघनाडी कल - कुमावत फ़ेज़रपुरा
4.	Name of the Injured /Deceased	:- साधना रमेश अछवाल रा-धरमनागर क 2
5.	Name of Hospital to which he /she was removed.	:- इतिहास दवाखाना इमरतवाली कोर्ट बांस्वीर क मलावती
6.	Number of vehicles and type of the vehicle.	:- पत्सुव वारन क्रम म 27 AS 1506 स्पेकी 418 मे
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.	:- विपकु हानेश्वर साहसुव वय 34 रा बंजय गांधी नगर क 1 कलावती प्रकृति नं 01 म 27 2011 00 11646 इलाकी वारन R. P. O. इमरतवाली
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:- विपकु हानेश्वर साहसुव वय 34 रा बंजय गांधी नगर क 1 कलावती
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- खिरेक
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- खिरेक
11.	Action taken, if any, and the result thereof.	:-
		अपन 593/2017 क 279 337 1PC प्रमाद
		गुला वारन क न वारन वाइकालु
		अरक क न वारन वारन R P O कलावती
		संयुक्त विधिमा केव नपल क 3
		Inspector of Police,Police Station.
<p>N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.</p>		

(Signature)
 धरि.पोलीस निरीक्षक
 पोलीस स्टेशन, फ़ेज़रपुरा, अम.