

3. 1724/17
 8/11/2017

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	- Badnera Amravati City
2. CR. NO./TAR No. / SDF No.	- 52017 Ser 279, 337 EK SDF No. - 5617 - 22-53
3. Date, Time and place of the accident.	- 8/11/2017 Time 16.00 to 16.30. Vanhadi Dhabha near old Highway Road
4. Name of the Injured /Deceased	- Jisabai Tukaram Patankar + 2
5. Name of Hospital to which he /she was removed.	- General Hospital Amravati
6. Number of vehicles and type of the vehicle.	- MH27-C 4797 Maruti Suzuki
7. 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 Vehicle and the address of the Issuing Authority of the said Badge.	- 511022917 22742247 25.2.11.19.2015 D. LICENSE - MH27-20110002278 Amravati RTO
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	- Hemant Tukaram Patankar
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.

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 वरिष्ठ पोलीस निरीक्षक
 पोलीस स्टेशन, बडनेरा
 अमरावती (शहर)
 वरीष्ठ पोलीस