


(58)

FORM COMP AA

[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	CITY Kotwali Amt. राह्य
2.	CR. NO./TAR No./ SDE No.	:-	314/17
3.	Date, Time and place of the accident.	:-	09/07/17 चे 21:30, रेल्वे पुलावर सम.
4.	Name of the Injured /Deceased	:-	प्रकाश सिबलराव मोते वय 50 वर्षे
5.	Name of Hospital to which he /she was removed.	:-	पारवानी हॉस्पिटल, बालाजी एंन्ड असेस.
6.	Number of vehicles and type of the vehicle.	:-	MH-27-AX-4205 ऑक्टोव्हा
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.	:-	विशाल पुनमधोलम सोणेवाणे शापणीत गावसून नाही.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	विष्णू वुडरनाथानुसार स्वतः
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	कारोव्हाई गाडिचे इन्शुरन्स काढलेले नाही.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	जखनी /ब्रुकाद माते चोरो गाडिची इन्शुरन्स पोलिसी नं. 3005/20110842/00/ 000000 2360 दि. 01/10/2017 पाब्येता.
11.	Action taken, if any, and the result thereof.	:-	सदर गुन्हा तपास्तायर नाही.
			 His/Her Station Officer [Signature] 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.			