

पोलीस स्टेशन, गडगेर अमरावती (शहर)
 आ./जा. क्रमांक 1699/18
 दिनांक 13/10/18

FORM COMP AA

{See Rules 243 C, 248 (c) (iii), 248 {८० २५५ (१) (iv) }

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the Police Station	पो. स्टे. गडगेर अमरावती शहर
२	CR.No./TAR No./ SDE No.	५९८/१८ रु. २७९ ३३७ JPC
३	Date Time and Place of the accident\	११-१०-२०१८ २१-३०
४	Name of the Injured / Deceased.	सचिन हरिसास मुगळे
५	Name of Hospital to which he/she was removed,	\$ —
६	Number of vehicles and type of the vehicle.	मह २७ म ८ ५५०३ म २० ७ म ५५५५
७	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 Vehicles and the address of the Issuing Authority of said Badge.	मुलजार् चेताराम पाल वप २२०९ रा. लीमवी जालवाडि ला जावेर दा. मोह
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	मुलजार् चेताराम पाल वप २२०९ रा. लीमवी जालवाडि
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	मैशन टु डेन डुर म्म डेपनी अमरावती
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	३-३-२०१९ पर्यन्त
११	Action taken, if any, and the result there of.	ममुद हा. ला. वेकी व रिजाणी आरोपीने त्याचे लाष्मानीत वाहन अरबाए वेगाते धाडुतु होय. माईक वरुनाड डेडे डि. याचे जाणून दि. वरुत लहर व्हा कुंथ वापु. Inspector of police Gadgenager police station
N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		