

FORM COMP AA

(See Rules 242 c, 248 (c) (iii), 248 (c) 244 (9) (iv))

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
2	CR.No./TAR No./ SDE No.	525/17 क्रम 279 3371PC 460MM134 31181, 1191177, 192 (7) 1461196, M. 24
3	Date Time and Place of the accident\	22/09/17 - 12:35 वा. अमरावती
4	Name of the Injured / Deceased.	जखती- 216 ल धनरामराव रावदाजी
5	Name of Hospital to which he/she was removed,	जनक हॉस्पिटल, अमरावती
6	Number of vehicles and type of the vehicle.	MM 27 C 4562 ऑटो
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 Vehicles and the address of the Issuing Authority of said Badge.	MM 27 C 4562 ऑटो चालक नाम शेख कलम शेख मुनीर वम 32 वर्ष 21. आर. एन. निरंजण, वजगाव रड, अमरावती
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	— — —
9	Name and address of the Insurance Company with Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	विमा नाही.
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 there of.	नक्षर ध. ला. मेळी 19601012 आर्क 10-थे जखती रिपोर्ट गुंवार अर्क हाथल हाथल सुंदर सुंदर C.D.R. नाम जखती सुंदर प्राथमिक 2017/17 जी. क्र 3428/17 दि. 11/11/17 अर्क पाठविले. Inspector of Police गाडगेनगर पोलीस निरीक्षक Gadgenagar police station पो. स्टे. गाडगेनगर, अमरावती
N.B. - This Form should accompany with all the necessary document viz (1) f.I.R. (2) panchnama (3) medical certificate/ post Mortem Report.		