

FORM COMP AA

(SEE RULES 253, 254 (C)(111) 254 (80, 255(1)(1V))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	POLICE STATION	फ़ेजरपुरा जमरावली शहर
2	CASE FIR NO. UNDER SECTION	1223/2015 8-279, 337 338 मुद्रा विहित 3-181 जो कडा
3	DATE, TIME, AND PLACE OF THE ACCIDENT	22/10/2015 11:00 बजे फ़ेजरपुरा जमरावली पोस्ट जमरावली
4	NAME OF THE INJURED /DECEASED	1. जयदेव कुन्तल कोराडे वय 25 2. सुनील जयदेव कोराडे वय 17 3. सुनील जयदेव कोराडे वय 17
5	NAME OF HOSPITAL TO WHICH HE/SHE WAS REMOVED	जिन्ना जामाया रुग्णालय जमरावली
6	NUMBER OF VEHICLES AND TYPE OF THE VEHICLE	01 MH27 BV- 5629 कार
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	महा नारायण पुरवा वय 32 रा. जमरावली पोस्ट, जमरावली जमरावली L.H - MH27-20080029 476 - MENE, LMV - RTO जमरावली