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पुलिस स्टेशन, विभाग
 अफिस नं.
 गांव नं. 1357/118
 9/10/18

FORM COMP AA
 [See Rules 253 (c), 254 (c) (iii), 254 (8) 255 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the Police Station	चिखामवा, उमरगाव (शहर)
2.	CR. NO./TAR No./SDE No.	283/17 व. 219, 337, 338, 304 गांधी
3.	Date, Time and place of the accident.	20-8-17 ते 20-30 वा. दर. चिखामवा
4.	Name of the Injured/Deceased	प्रमोद दिगंबर शिंदे
5.	Name of Hospital to which he/she was removed.	4124032
6.	Number of vehicles and type of the vehicle.	2, उमरगाव टोल्पाइल, उमरगाव
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.	MH-01-BL-8187 शिरो C.D. उमरगाव प्रमोद दिगंबर शिंदे स. शांती गा. चिखामवा उमरगाव वि. उमरगाव. लायसन्स - गांधी.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	चिखामवा उमरगाव शिंदे 25, चिखामवा 43, चिखामवा उमरगाव चिखामवा उमरगाव वि. उमरगाव
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	ICICI आरटीओ और इन्सुरन्स कंपनी प्रमोद शिंदे प. नं. 3005/292/4173/10100/000 13-10-15 ते 12-10-16
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	3005/292/4173/10100/000 दि. 13-10-15 ते 12-10-16
11.	Action taken, if any, and the result thereof.	मुक्ता दायरे

Inspector of Police
 चिखामवा विभाग
 पोलीस स्टेशन, चिखामवा

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post-Mortem Report.