

FORM COMP AA  
[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]  
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- पो. स्टे. भातकुली आम. शहर
2.	CR. NO./TAR No./ SDE No.	:- 157/117 कळम 304(अ), 337, 279 IPC
3.	Date, Time and place of the accident.	:- 18/10/17 चे 09:15 ते 09:30 वा दरम्यान
4.	Name of the Injured / Deceased	:- मृतक दिलीप शंकरराव पचारे रा. दहो
5.	Name of Hospital to which he /she was removed.	:- सामान्य रुग्णालय अमरावती
6.	Number of vehicles and type of the vehicle.	:- 17M-40-C-6283 लिरो हॉबी पेशन फोर्स
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.	:- दिलीप शंकरराव पचारे रा. दहो (कायसदस नाही)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- विभव शंकरराव पचारे वय 30 वर्षी रोपडी ह.म. सिवाजी नगर, गडगाव घाट नागपूर को.क्र. 9922024976
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.	:- विमा नाही
11.	Action taken, if any, and the result thereof.	:- चासिले मृतक याचे कायदे कोठे येथे क्रिया दफन गुन्हा दाखले असून गुन्हाचा DAR क्रम 157/117/17 मध्ये प्रमाणे पाठविले जाई. अम. ग. म. वेवेळी खांदर.
		Inspector of Police भातकुली पोलीस स्टेशन पानीत स्थान भातकुली दिनांक 18/10/17
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.		

QDAR  
2-12-17  
अ. ग. म. वेवेळी खांदर