

पोलीस स्टेशन: सिटी कोतवाली

अमरावती (शहर)

आपक/जायक क्र. 26.10.29.17.

दिनांक.....06.11.2017.....

FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80) 255 (11A)]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Name of the Police Station	सिटी कोतवाली शहर-शहर
CR. NO. /AR No. /SDE No.	431/2017 शरण 213, 304 (अमरावती)
Date, Time and place of the accident.	मातहतिय चौक, अमरावती.
Name of the Injured /Deceased	हाऊ बाळू रामोशर डिवान वय डिवर
Name of Hospital to which he /she was removed.	इविनि ह्यारवाज अमरावती.
Number of vehicles and type of the vehicle.	डिवान वाहन
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.	बाळू रामोशर डिवान (हून) रा. परतवाडा श्री. अमरावती
Name and address of the Owner of the vehicle as it stands on the date of the accident.	-
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	-
Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy-Insurance Certificate.	-
Action taken, if any, and the result thereof.	-

Inspector of Police.
M. Beech
वरिष्ठ पोलीस निरीक्षक
पो. स्ट. सिटी कोतवाली.

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