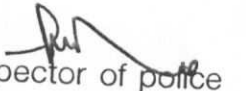


पो. स्टे. गाडगेनगर अमरावती शहर  
 आवक/जावक 2608  
 दिनांक 21/8/17

**FORM COMP AA**

{See Rules 243 c, 248 (c) (iii), 248 {८० २५५ (१) (iv) }

**REPORT ABOUT THE MOTOR VECHICLES ACCIDENTS**

१	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
२	CR.No./TAR No./ SDE No.	432/17 क. 279, 337 338 त्रांडी 21.8.17 184, 196 मो.का.का.
३	Date Time and Place of the accident\	18/03/2017 - 17.00 पर
४	Name of the Injured / Deceased.	अमित गोविंदसिंह खुटपळे
५	Name of Hospital to which he/she was removed,	शुक्रगोपी हॉस्पिटल काळाजी कोंठ अमरावती 25/03/2017
६	Number of vehicles and type of the vehicle.	दोन दुचाकी वाहन
७	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.	संजय संजय गुर्जर ना. अश कोंठकी टावरु मार्केट रोड अमरावती प्रादेशिक परिवहन कार्यालय अमरावती
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	संजय अकादरु गुर्जर ना. अश कोंठकी, टावरु मार्केट अमरावती
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	विमा नाही
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	विमा नाही
११	Action taken, if any, and the result there of.	थानील नमुद फिर्मादीव रिपोर्ट वरून गुन्हा दाखल करून तपासान केला.
		 Inspector of police Gadgenager police station
N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		