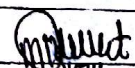




FORM COMP AA
 [See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	नांदगाव पठ.
2.	CR. NO./FAR No./ SDE No.	:-	208/10 क 209, 330, 308 अभाळ १२५ मपप
3.	Date, Time and place of the accident.	:-	३०/०१/१७ - २१/६५ वा
4.	Name of the Injured /Deceased	:-	मुहाम दिलीप इसासरे २९ (मरण पावला)
5.	Name of Hospital to which he /she was removed.	:-	श्रीगीत दवाखाना शहराणी शहर
6.	Number of vehicles and type of the vehicle.	:-	डिमकवर कंपनी बजाव ड MH-27-AU 2402
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.	:-	मुहाम दिलीपराव इसासरे २९ रा. मुलानपुरा अचलपुर जि. शहराणी <u>ड्रायव्हिंग लायसन्स नाही</u> Nil
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	विठ्ठल प्रकाशराव गावंडे क मधामोरी ना दवाखाना जि. शहराणी
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Nil
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Nil
11.	Action taken, if any, and the result thereof.	:-	
			 Inspector of Police, Nandgaon Police Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.			