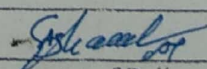


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**FORM COMP AA**

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

1.	Name of the Police Station	:-	Kholapuri gate And city
2.	CR. NO./TAR No./ SDE No.	:-	133/18 279,337 DPC
3.	Date, Time and place of the accident.	:-	09/05/18 से 20.00 वा.
4.	Name of the Injured /Deceased	:-	Shuddodhan S. Chorpagar.
5.	Name of Hospital to which he /she was removed.	:-	Domin Hospital
6.	Number of vehicles and type of the vehicle.	:-	Two motorcycle
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.	:-	NOT Having
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Malkapur Tq. Bhatkali Dist- Amravati
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NOT Having
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	NOT Having
11.	Action taken, if any, and the result thereof.	:-	crime registered
			
			Inspector of Police.
			Pho:gate, Police Station. पोलीस निरीक्षक
			पोलीस स्टेशन, खोलापुरी गेट
N.B – This form should accompany with all the necessary document viz. (1) प्रमाणपत्र (2) Panchnama (3) Medical Certificate/Post –Mortem Report.			