FORM COMP AA

[See Rules 253 (2), 254 (2) (iii), 254 (80 255 1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENT

1.	Name of the Police Station	Badnera Amravati city
2.	CR. NO./TAR No./ SDE No.	465/17 - 279,337,338,304 (A) IPC 134 mv Act.
3.	Date Time and place of the accident.	05/09/17 - 22:30 to 23:49
4.	Name of the Injured /Deceased	Yogesh Gajanan Gharade 17 year At - Aadgaon tal - Nandgaon Khandeshwar
5.	Name of Hospital to which he /she was removed.	Ervin Hospital Amravati
6.	Number of vehicles and type of the vehicle.	two wheeler no MH27 BM 2068 V/S ~~and~~ Unknown,
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.	Rajesh Balawant Uike At - Aadgaon, tal - Nangaon Khandeshwar License not Available
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Madhukar Rao Shelokar At - Kathoda, tal - Nandgaon
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	United India Insurance cotten market Road Jaystambh Chowk Amravati
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurained Policy /Insurance Certificate.	21/01/15 to 20/01/2016
11.	Action taken, if any, and the result thereof.	

Inspector of Pol. e.

..... Police St ion.

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

DAR-511:90.

1542/17

05/10/17

प्रशांत श्रीकृष्ण जंगले
पोलीस उपनिरीक्षक
पो.स्टे. बडनेरा

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