

पोलीस स्टेशन, राजापेट
 क्र. / जाचक क्र. ...3076/12
 दिनांक ...14/10/12...

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

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| 1. | Name of the Police Station | Rajapeth, Amravati |
| 2. | CR. NO./LAR No. SDE No. | 674/017 क्रम-2009, 230 क्र. र.प. |
| 3. | Date, Time and place of the accident. | 13/10/12 at 2015 PM |
| 4. | Name of the Injured /Deceased | Gopal Nagare, Rely Crossing अशोक पार्कर पंजाबी व शंकायु अखिलप्राची गाव |
| 5. | Name of Hospital to which he /she was removed. | सामान्य रुग्णांकुठ अमरावती |
| 6. | Number of vehicles and type of the vehicle. | अज्ञात फॅशन प्रो मोटर सायकल |
| 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. | अज्ञात फॅशन प्रो मोटर सायकल |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | अज्ञात |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | अज्ञात |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate. | अज्ञात |
| 11. | Action taken, if any, and the result thereof. | शुद्धी दारणुळ करुन लपसावणु व अज्ञात वाहनाचा शोध |
| | | Inspector of Police पोलीस निरीक्षक पोलीस स्टेशन, राजापेट आरावती शहर. |
| N.B - This form should accompany with all the necessary document viz (1) D.F.L.R. (2) Panchanama (3) Medical Certificate Post Mortem Report | | |