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FORM COMP AA

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

1.	Name of the Police Station	:- पो.स्टे. फ़ेजरपुरा
2.	C.R. NO./TAR No./SDE No.	:- 526/17 डी. 279, 337, 338 IPC
3.	Date, Time and place of the accident.	:- 27.6.17 से 13.00 वा. वडावा रोड अजमेरी, त्रिभुवा एमपी
4.	Name of the Injured /Deceased	:- विश्वजु तुलावराव उमकाडकर वय 50 वर्ष 4-नामपुरा
5.	Name of Hospital to which he/she was removed.	:- मेडिकल हास्पिटल रामदास पेठ नागपुरा
6.	Number of vehicles and type of the vehicle	:- MH 27-AB-8965 पेंशन + हिरोएण्ड मो.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.	:- चालक - सुनेदराव अछूतराव 19 वर्ष स. तुलावराव कार खाने STA जवळ अमरावती ला. नं - MH 27-020160012937 मुहल 17-4-2036 RTO - Amravati
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- सुनेदराव अछूतराव 19 वर्ष स. तुलावराव अमरावती
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- इन्सुरेन्स - 015683370900 मुहल 7-3-2018 याच इन्सुरेन्स कंपनी मधील अमरावती Agent Booklet code NO - CA0249 PH NO - 02267765100
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- Policy No - 015683370900 Valid up - 7-3-2018
11.	Action taken, if any, and the result thereof.	:- दोषारोप पत्र मा. JmPC कोर्टिंग 6 अभयकी येथे दाखल
		:-  वरिष्ठ पोलीस निरीक्षक पो.स्टे.फ़ेजरपुरा, अमरावती शहर
N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate/Post-Mortem Report.		