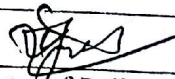


FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	बडनोरा अमरावती
2.	CR. NO./TAR No./ SDE No.	:-	मनकीत कलम 279, 338. 304A. IPC 134 10/10/17 को 03/04/17
3.	Date, Time and place of the accident.	:-	10/10/17 को 03/04/17
4.	Name of the Injured /Deceased	:-	वृषभ राजाराम रावकर 23 वर्ष. जालंधर जे
5.	Name of Hospital to which he /she was removed.	:-	डॉ. विठ्ठल रामभाऊ शंकराचार्य अमरावती
6.	Number of vehicles and type of the vehicle.	:-	द्विचक्र वाहन क्र. लम-ए-5-3700
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.	:-	सुमित मोमयकार वामन वर 22 जालंधर जे अमरावती लम-ए-20140026078
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	विठ्ठल सुखराम सुमित मोमयकार वामन वर 22, जालंधर जे अमरावती
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	इंशुरन्स कंपनी
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	—
11.	Action taken, if any, and the result thereof.	:-	वेक्टर वाचत.
			 वरिष्ठ पोलीस निरीक्षक पोलीस स्टेशन, बडनोरा अमरावती (शहर)
<p>N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post --Mortem Report.</p>			