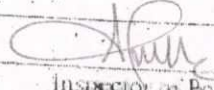


**FORM COMP AA**  
 [See Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv)]  
**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

1	Name of the Police Station	चौहट्टी वामगाव
2	CR. NO./AR No./SDE No.	अप नं 219/17 क. 279, 337 I.P.R./134
3	Date, Time and place of the accident.	31/11/17 16:00 वा साखळी 31/11/17 2013
4	Name of the Injured /Deceased	धमकेट्टे सधनेश सामविपु व 38
5	Name of Hospital to which he /she was removed.	सामान्य नरुण/मय अमरावती
6	Number of vehicles and type of the vehicle.	MH.34/AE/0292, रिव्हेन्ज (मो. सा.)
7	Name and address of the Driver of the vehicle with particulars of 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.	1) धमकेट्टे सधनेश सामविपु व 38 वा. सामविपु पुला, मो. सा. 2) कापसुन्य नं MH 27-201 (001) 773 R.T.O अमरावती
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	रुद्राट रत्नाकर धमकेट्टे सो. सामपुट (मो. सा.) चंद्रपुट
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	विमा वाही
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	विमा वाही
11	Action taken, if any, and the result thereof	सुद्धा साखळी करून तापाचाय कोणत्या
		 Inspector of Police, चौहट्टी वामगाव Police Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.		