


FORM COMP AA

{See Rules २५३ c, २५४ (c) (iii), २५४ {८० २५५ (१) (iv) }

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
२	CR.No./TAR No./ SDE No.	३५९/१७ कलम २७९, ३३८ भादवि.
३	Date Time and Place of the accident\	५/६/१७ चे २१/१० वा. आय.टी.आय. कॉलेज ते पंचवटी चौक अम.
४	Name of the Injured / Deceased.	आदित्य जयप्रकाश व्यास वय १८ वर्ष रा. गोरक्षण कालीमाता मंदिराजवळ खामगाव जि. बुलढाणा
५	Name of Hospital to which he/she was removed,	सुयश हॉस्पिटल अमरावती दि.६/४/१७
६	Number of vehicles and type of the vehicle.	जखमी - MH२८ AC ७६१६ हिरो मॅस्ट्रो आरोपी - टाटा सुमो MH३० B ७२७१ चा चालक
७	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 Vehicles and the address of the Issuing Authority of said Badge.	आरोपीचा शोध लागला नाही.
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-
९	Name and address of the Insurance Company with Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	विमा नाही
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	-
११	Action taken, if any, and the result there of.	नमुद घ. ता. वेळी व ठिकाणी यातील फि. चे जबानी रिपोर्ट नुसार गुन्हा दाखल असुन सदर गुन्ह्याच्या (D.A.R.) फॉर्म न्याय अपघात प्राधिकरणाकडे पाठविले जा. क्रं. २१६७ /१७ दि. ४/७/१७  Inspector of police Gadgenager police station
N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		