

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	:-	जानाव पेठ अभगवारी शहर	
2.	CR. NO./TAR No./ SDE No.	1:-	2/2/96 & 204,336,38(31) HKA	
3.	Date, I'ime and place of the accident.	:-		
1.	Name of the Injured /Deceased	- :-	१२/८११७ न्धे २१/३० मे २२/७० वा. दरम्यात	(अग्रात)
5.	Name of Hospital to which he /she was removed.	:-	अभाक जरामाणी मगण तत न पल्का भारति	(Crail
6.	Number of vehicles and type of the vehicle.	:-	इसीन हवायाणा समरायागि आहर	
7.	Name and address of the Driver of the vehicle	<u>.</u> -	Will book	
	with particulars or Driving License of the said		good of grand par	
	Driver and the address of the Issuing Authority of	1. 1	Miller to the first of the second	
4	the said Driving License. The number of Badge in	-	There is well and	\$4) ₁
	case of Public Service Vehicle and the address of		In our wine the	
3.	the Issuing Authority of the said Badge.		Vet.	
8.	Name and address of the Owner of the vehicle as		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	it stands on the date of the accident.		Nill were	344
9.\	Name and address of the Insurance Company with			
i.	whom the vehicle was insured and the Divisional			
	Office of the said Insurance Company.	-	VIII	
10.	Number of Insurance Policy /Insurance Certificate	-		
-	and the Date of Validity of the insurance		ANIN C	
1	Policy/Insurance Certificate.	:-	Nill	
11.				
	Action taken, if any, and the result thereof.	:-	100	
_			Columb 4	
		$\neg \uparrow$	Inspector of Police.	
		-	NONAMIC POLICE Station.	Action of Light
				de la Carlo Carlo
	N.B – This form should accompany with all the page			
	N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.			
Lower report.				