

ग. सं. अ. भातकुवा
 जावक ४६७/१७
 दि. ११/१०/२०१७

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the Police Station	पा. स्ट. अमरावती अमरावती शहर
२	CR.No./TAR No./ SDE No.	७४४१७७ असा २७७, ३३७ आ प.दि.
३	Date Time and Place of the accident\	दि. १६/१०/१७-वे १३:०० वा. वसावसुर से गणेदि
४	Name of the Injured / Deceased.	श्री. वसुधै देवनाथ देवनाथ वय २६ वर्ष. रा. मेस सा. सो. वसुधै देवनाथ देवनाथ
५	Name of Hospital to which he/she was removed,	कार्मि अ. वासुधै देवनाथ मेडिकल कोसेम काणी हॉस्पिटल वासावसुर.
६	Number of vehicles and type of the vehicle.	मम-२७-व-२७७० एमो व्होका डिसी डोक कोपर कामळु.
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.	अमोनीचे नाव. पुणेकोनाथ श्रीराम पारिके वय ४७ वर्ष. रा. वसावसुर. ना-आतकुवा - ड्राइविंग लायसन्स जासि.
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	अमोनीचे नाव. पुणेकोनाथ श्रीराम पारिके वय ४७ वर्ष. रा. वसावसुर ना-आतकुवा
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	- नासि
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	- नासि
११	Action taken, if any, and the result there of.	जमुह धरजा ना. वेळी वडिणी मातीस म्हा जखमी-वा भाडु भाचे वसावा वरुब सहर-या गुणहा हत्यख डायुज सहर गुणमापा (पि.आ.र) काम आय कपघात प्रायिकरणा डे वरुडिडे. ११-१०-२०१७ दि. १०/१०/१७. Inspector of police Bhadkavli police station 12/10
N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		

Received
 (1) one BTR only.
 [Signature]
 13-10-17
 District Court