

470

2942/17

D. 10/11/2017

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

1.	Name of the Police Station	फेजरपुरा
2.	CR. NO./AR No./ SDE No.	क्र. 814/17 व. 273,304(3)IPC
3.	Date, Time and place of the accident.	दि. 10/11/2017 से 22.30 वा. ले दिनांक 10/11/2017 से 02.30 वा.
4.	Name of the Injured/Deceased	अपघात व मृत्यु
5.	Name of Hospital to which he/she was removed.	विष्णु सामान्य रुग्णालय अमरावती
6.	Number of vehicles and type of the vehicle.	MH 27A 7648 Hero Honda.
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.	मृतक नामे - पंचग रामदास माहाव वय 28 वर्ष 25. हमालपुरा अम.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	—
9.	Name and address of the Insured Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	रिलायन्स मन्डल इन्सुरन्स प्रमोव्हा बिल्डींग पहीला माळा, 119 वज्राज नगर-चौकुणवळ नागपूर.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	इन्सुरन्स पॉलीसी नं- 170521723480005092. दि. 21/07/17 ले दि. 20/7/18 पर्यंत.
11.	Action taken, if any, and the result thereof.	अपघात अख्त करुण होवरोप पता कोर्ट श्वाना.
		Inspector of Police, ..... 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.



*Prateek*  
 पोलीस निरीक्षक  
 पोलीस स्टेशन, फेजरपुरा अमरावती