

FORM COMP AA

[See Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:- सिटी कोमपली आपुल्लेय अमरावती
2.	CR. NO./TAR No./ SDE No.	:- 456/17 ड. 279,337 मादक R1W 134 MV Act.
3.	Date, Time and place of the accident.	:- 23/9/17 ये 14:30 वा राणमठ 3510 म मनपा गड समीप अमरावती
4.	Name of the Injured /Deceased	:- गोपळ रामचंद्र धारमो वय 52 वर्ष रा. सुभाष बाळगाव अमरावती
5.	Name of Hospital to which he /she was removed.	:- दयासागर हॉस्पिटल गजो-वोड अमरावती
6.	Number of vehicles and type of the vehicle.	:- दोन्ही वाहने (मो.सा.) व MH27 CD7767
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.	:- समेध मन्मोहराव चवळे वय 19 वर्ष रा. लोखंडगाव व.म.व. वॉड अमरावती दुर्लक्ष विद्ये गेअर अमरावती RTO खानापूर MH27 20140013800 Valid Till 18/6/2034 (DT)
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- निमिन् विनासराव चवळे रा. लोखंडगाव रा. लोखंडगाव व.म.व. वॉड अमरावती MH27 CD7767 लोखंडगाव
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- ICICI Lombard Motor Insurance Amravati
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- Dt. 25/8/2018 3005/2011166280/00/00000005
11.	Action taken, if any, and the result thereof.	:- गुन्हा दाखल, आरोपी अटक

मि. व. व. पोलीस ठाणे/पोलीस स्टेशन
 पो. स्ट. पोलीस ठाणे/पोलीस स्टेशन
 अमरावती शहर

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama
 (3) Medical Certificate Post Mortem Report.