


FORM COMP AA

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

1.	Name of the Police Station	फ़ैज़रपुरा इमरारवती
2.	C.R. NO./IAR No. SDE No.	526/17 ड. 279, 337, 338 IPC 31881, 1146/196 MVA Act
3.	Date, Time and place of the accident.	27.6.17 के 13.00 बजे फ़ैज़रपुरा इमरारवती
4.	Name of the Injured /Deceased	① मुनेश्वर अहूजा वय 19 वर्ष ② मो. शारिक मो
5.	Name of Hospital to which he /she was removed.	साह वय 19 वर्ष दोन्ही सा. मुजीबनगर इमरारवती
6.	Number of vehicles and type of the vehicle.	MH40-AH-8437 डेज साहीन मो. सायकल
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.	द्विरज गुलाबराव उमरवाडकर वय 50 वर्ष सा. पोलीस ऑफिस, हिंगना रोड नागपुर डी.जी.नं- MH31-201000 21982 मु. 10-6-2017
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	द्विरज गुलाबराव उमरवाडकर वय 50 वर्ष सा. पोलीस ऑ. हिंगना रोड नागपुर
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	इसुरस्य नाही
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	-
11.	Action taken, if any, and the result thereof.	मा उमरि केरि में 6 इमरारवती येके होसायेपरज सायत
		 वरिष्ठ निरीक्षक पो. स्टेशन फ़ैज़रपुरा इमरारवती नगर
N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate Post -Mortem Report.		