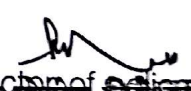


FORM COMP AA

{See Rules 243 C, 248 (c) (iii), 248 {८० २५५ (१) (iv) }

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१	Name of the Police Station	पो. स्टे. गाडगेनगर अमरावती शहर
२	CR.No./TAR No./ SDE No.	६१७/१७ कलम २७९, ३३ भादवि.
३	Date Time and Place of the accident\	४/९/१७ चे १३/२२ वा बिर्याणी चौक, अमरावती
४	Name of the Injured / Deceased.	जख्मी नामे गणेश अर्जुनसिंग तवार वय ४२ वर्ष रा. फॉरेस्ट कॉलनी, यशोदा नगर, अमरावती
५	Name of Hospital to which he/she was removed,	महावीर हॉस्पिटल, अमरावती दि.४/९/१७
६	Number of vehicles and type of the vehicle.	आरोपी - MH४४ G १०१५ tata vista car
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.	आरोपी अरविंद भास्कर बंडगर रा. देसाई राहटे कॉलनी, जेल रोड नागपुर पिन नं. ४४००१२ एमएच- २००८००२४२५७
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	गाडी मालक- विलास श्रीहरी देशमुख वय ३८ वर्ष रा. सोमनाथ बोरगाव बिड
९	Name and address of the Insurance Company with Whom the vehicle was insured and the Divisional Office of the said Insurance Company.	विमा नाही
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	-
११	Action taken, if any, and the result there of.	नमुद घ. ता. वेळी व ठिकाणी यातील फि. चे जबानी रिपोर्ट नुसार गुन्हा दाखल असुन सदर गुन्ह्याच्या (D.A.R.) फॉर्म न्याय अपघात प्राधिकरणाकडे पाठविले जा. क्रं. ३४३/१७ दि. ०९/१७ <div style="text-align: right;"> Inspector of Police वरिष्ठ पोलीस निरीक्षक Gadgaonagar police station पोलीस ठाणे नगर, अमरावती</div>
N.B. - This Form should accompany with all the necessary document viz (१) f.I.R. (२) panchnama (३) Medical Certificate/ post Mortem Report.		