

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

1.	Nama afet D. D.		
	Name of the Police Station	:	Badnena Ammarati City
2.	CR. NO./TAR No./ SDE No.	1:	502 17 - 279 331 330 76
3.	Date, Time and place of the accident.	1:	5012 NO - 49117 - 20.01 Mm. 2319117 - 13.45 to 14.15 V/shaiham Hospital Memo Old Kiway Road Badner
4.	Name of the Injured /Deceased	<del></del>	Hospital Hemo old Kiway Road Badner
5.	Name of Hospital to which he /she was removed.	+	
6.	Number of vehicles and type of the vehicle.		Radiant - Superspeciality Hospitus Sabris Plot Ammurat 0721-2570999 BH-40 Af - 6254-5.T. Mahumand
7.	Name and address of the Driver of the vehicle		
			Sansay Mahadeomao Upanhan
	with particulars or Driving License of the said	1	RIP- Hangman najaw randi Road Warud Dist- Ampurati
	Driver and the address of the Issuing Authority o	F :-	LMV- TX, DL. HO MHZ1-200700169
	the said Driving License. The number of Badge in		RF.O Amnurah
	case of Public Service Vehicle and the address of		1441 Till- 12-11-2019 (TK)
	the Issuing Authority of the said Badge.		(2 ), (2 ), (2 ),
3.	Name and address of the Owner of the vehicle as	:-	State Transport Muhanushta
	it stands on the date of the accident.	2.30	Coverment
).	Name and address of the Insurance Company with		
	whom the vehicle was insured and the Divisional		
- (	Office of the said Insurance Company.		
_	Number of Insurance Policy /Insurance Certificate		
	and the Date of Validity of the insurance	.	
	Policy/Insurance Certificate.	:-	-
-	Action taken, if any, and the result thereof.		
+	and the result inereol.	:-	
+			
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+			Inspector of Police,
+			Police Station.
- NI	(D. Tilling		
IN	B - This form should accompany with all the nece	CCAM	

Section (1971)