

377-5 1572/2017  
दि 15/07/2017



### 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	FREZARPURA, Amravati City
2.	CR. NO./TAR No./ SDE No.	569/17 U/s 279, 338 I.P.C.
3.	Date, Time and place of the accident.	11/07/2017 at 15:00 O'clock
4.	Name of the Injured /Deceased	① Sachin Rajendra Gaikwad age 24 R/O Rahunagar ② Santosh Ashok Shendre
5.	Name of Hospital to which he /she was removed.	yadgire superspeciality and critical Care UNIT, Congress Nagar Road Amravati
6.	Number of vehicles and type of the vehicle.	S.T. BUS NO. MH 00V 5826 ♀
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.	Driving licence no. MH 34-20090020531 Badge no - 6336 BUS 94 name - Mumtaj Ahmad Khan @ Mustafa Khan age - 55 R/O New Basti ghulwata ward near Raymangal karyalay opp. Petkar Babu house Chandrapur.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	S.T. Mahamandal Amravati
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	-
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.	Regt. offence
		Inspector of Police, Police Station.
N.B- This form should accompany with all the necessary documents viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate Post-Mortem Report.		

*[Signature]*  
पोलीस निरीक्षक  
पोलीस स्टेशन, फ्रेजरपुरा  
अमरावती (शहर)