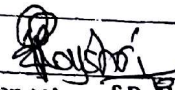


**FORM COMP AA**  
 [See Rules 253 ©, 254 (c) (iii), 254 (8) 255 (1) (iv)]  
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	जादगाव पेठ
2.	CR. NO./FAR No./ SDE No.	:-	310/17 कु 304(अ), 279, IPC 184
3.	Date, Time and place of the accident.	:-	आपटावणी - नागपुर हायवे जंम - पिपळक्रीडा
4.	Name of the Injured /Deceased	:-	पुणक - अहाय रामसंदू सावळे वय 21 वर्षीय अ-क्याडी
5.	Name of Hospital to which he /she was removed.	:-	वर्कि हवामाना त्यानेसल बोर्डे हॉस्पिटल जंम
6.	Number of vehicles and type of the vehicle.	:-	स्वीफ्ट डिझायल - मम 31-ER-5791
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.	:-	नाय. विपुले विनाय कुमारे वय 28 वय रा. सोनेगाव नागपुर रामकिंग व्हायलन्स - मम 31-20080050268
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	विपुले विनाय कुमारे वय 28 वर्षीय रा. सोनेगाव
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	द वयु इंडिया इन्स्युरन्स कंपनी गणेशी चवर्नी लहमी कार बॉर्ड, नागपुर
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	- 16110031170100002422 - दि. 29.7.17 ते 28.7.2018
11.	Action taken, if any, and the result thereof.	:-	
			 Inspector of Police नागपुर पेठ Police Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.			