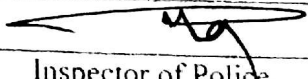


## FORM COMP AA

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

1.	Name of the Police Station	:-	Badnera P.S.
2.	CR. NO./TAR No./ SDE No.	:-	844/2016. 06.26.0, 336 (का.का.)
3.	Date, Time and place of the accident.	:-	30/11/16 - 96-00 गान्धारी रोड
4.	Name of the Injured /Deceased	:-	शुभाक्ष एविसाव
5.	Name of Hospital to which he /she was removed.	:-	डॉ. कावुर. हनुमन्त गान्धारी
6.	Number of vehicles and type of the vehicle.	:-	MH27G 8208. एविसाव सुट्टर
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.	:-	जितीश सुट्टर का.प. कावुर 21- कावुर 20130, 215148
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	-
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.	:-	रिपोर्ट असा सुट्टा दाखल कोठी
			 Inspector of Police, ..... इरीश पोलीस ठाणे पोलीस स्टेशन, कावुर
<p><b>N.B</b> - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.</p>			