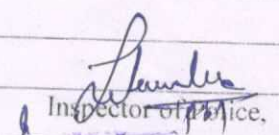


June 17

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

1.	Name of the Police Station	:-	वठगाव, अन्नरावली झा.
2.	CR. NO./TAR No./ SDE No.	:-	अपक्र. 200/17 क. 279, 304 (अ)
3.	Date, Time and place of the accident.	:-	23/06/17 र्क 14:05 वा. चोडकजार रोड.
4.	Name of the Injured /Deceased	:-	Ashish Prakashrao Rakose, 27 yrs.
5.	Name of Hospital to which he /she was removed.	:-	इर्विन द्वादास अन्नरावली.
6.	Number of vehicles and type of the vehicle.	:-	01, डिस्कवर गाडी क्र. लम-27/W-7931
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.	:-	अनखर सोलीराम फेंडर वय 35 वर्ष रा. जठका हिरापुर  कान. लम-27 20080021772 Date Valid 21/09/2028
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	अजय सोलीराम फेंडर वय 38 रा. जठका हिरापुर.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	ओरियंटल इन्शुरन्स कंपनी लि. अन्नरावली
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	पॉ.नं. 182300/31/2017/3914 Valid - 10-08-2017
11.	Action taken, if any, and the result thereof.	:-	
			 Inspector of Police, ..... Police Station. अन्नरावली पोलीस ठाणे जिल्हा पोलीस कार्यालय, मुंबई
<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.			