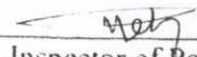
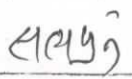



FORM COMP AA

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

1.	Name of the Police Station	:-	BADERA Dist. Amravati
2.	CR. NO./TAR No./ SDE No.	:-	435/2017 U/S. 304 (A) Dae 279 337
3.	Date, Time and place of the accident.	:-	15/08/2017 14/30.
4.	Name of the Injured /Deceased	:-	Bhimrao Shankarao Bhugat
5.	Name of Hospital to which he /she was removed.	:-	Jurisol Hospital Amravati
6.	Number of vehicles and type of the vehicle.	:-	Unknown
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.	:-	Unknown vehicle
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknown vehicle
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Unknown vehicle
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Unknown
11.	Action taken, if any, and the result thereof.	:-	
			 Inspector of Police. बरीष्ठ पोलीस निरीक्षक Baderu Police Station. पोलीस स्टेशन, बडनेरा Amravati city.
N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.			


 बरीष्ठ पोलीस निरीक्षक
 पोलीस स्टेशन, बडनेरा