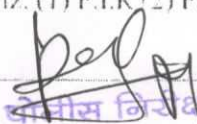


## FORM COMP AA

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

1.	Name of the Police Station	:- फ्रेजरपुरा अमरावती शहर
2.	CR. NO./TAR No./ SDE No.	:- 612/17 क्र. 279, 337 JPC
3.	Date, Time and place of the accident.	:- T. B. 4 वा 12 वा 19 मिनट
4.	Name of the Injured /Deceased	:- विजय ठाकरे
5.	Name of Hospital to which he /she was removed.	:- सुविधा अस्पताल अमरावती
6.	Number of vehicles and type of the vehicle.	:- इंडिया मॉटर्स MA 27-AC-1216
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.	:- अनुपम शिंदे अमरावती नगरपालिका न. अमरावती जिल्हा अमरावती
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- शिंदे प्रदीप विठ्ठल वसुदेव न. अमरावती जिल्हा अमरावती
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- गारो इन्शुरन्स
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- 1-7MV3804 8/9/2016 TO 7/9/2017 midnight - 2400
11.	Action taken, if any, and the result thereof.	:- गुन्हा दाखल
		Inspector of Police, FREJARPUR...Police Station. AMRAVATI
<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>		



  
 पोलीस निरीक्षक  
 पोलीस स्टेशन, फ्रेजरपुरा अमरावती