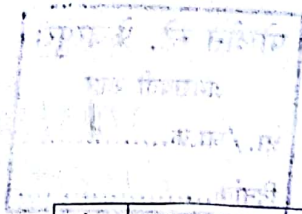


FORM COMP AA

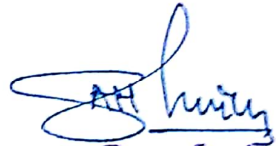
(SEE RULES 253 ,254 (C)(111) 254 (80 255(1)(1V))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	POLICE STATION	फ्रेजरपुरा अमरावती शहर
2	CASE FIR NO.UNDER SECTION	1223/18कलम 279,337,338 भा.द.वि. दि. 21/10/2018 चे 12/44 वा.
3	DATE ,TIME , AND PLACE OF THE ACCIDENT	चपराशीपुरा चौक दि.21/10/18चे 18/30 वा.दरम्यान
4	NAME OF THE INJURED /DECEASED	ऋषिकेश प्रमोद गिरी वय 19 रा.रामटेक ता.जि. नागपुर
5	NAME OF HOSPITAL TO WHICH HE/SHE WAS REMOVED	नवजिवन रुग्णालय अमरावती
6	NUMBER OF VEHICLES AND TYPE OF THE VEHICLE	वाहन क्र.एम.एच.27-एजे-7344 बजाज डिस्कव्हर
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 PUBLUC SERVICE. VEHICLE AND THE ADDRESS OF THE ISSUING AUTHORITY OF THE SAID BADGE.	रोहित हेरलाल भोसले वय 15 रा.बैलमपुर उत्तमसरा जवळ ता.जि.अमरावती
8	NAME AND ADDRESS OF THE OWNER OF THE VEHICLE AS IT STANDS ON THE DATE OF THE ACCIDENT.	नामदेव श्रीपंत देवदेकर रा.घोडगांव ता.अचलपुर जि.अमरावती



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.	-----
	N.B.—THIS FORM SHOULD ACCOMPANY WITH ALL THE NECESSARY DOCUMENT VIZ.(1) F.I.R.(2) PANCHANAMA,MEDICAL CERTIFICATE / POST –MORTEM REPORT .	


अश्विनी हिराजी शेख
पोलीस उप-निरीक्षक
पो.स्ट. जालंधर काठमांडू