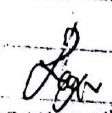


FORM COMP AA
 [See Rules 253 (a), 254 (c) (iii), 254 (80) 255 (1) (iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	वलगाव
2.	CR. NO./TAR No./ SDE No.	292117 क 279,304 (अ) RPT.
3.	Date, Time and place of the accident.	01/09/17 रोजी 18/30 वा.
4.	Name of the Injured /Deceased -	शुभिल सुजाती अमावती. वय 37 वर्ष
5.	Name of Hospital to which he/she was removed.	- शांती हॉस्पिटल अमरावती
6.	Number of vehicles and type of the vehicle.	MH27 - A7 - 7571 - युजिन
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.	- सागर आस्कर पुरवार श. पुजावगर वा. भातहली अफ. लायसन नाही
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	- देवानंद साहेबराव मंढी श. पुजावगर वा. भातहली
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	- नाही.
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	- नाही
11.	Action taken, if any, and the result thereof.	- नाही.
		 Inspector of Police, वलगाव Police Station. पो. स्ट. वलगाव अमरावती (शहर)
N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate/Post - Mortem Report.		