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

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2. 3. 4. 5. 6. 7.	Name of the Police Station CR. NO/TAR No/SDE No. Date, Time and place of the accident. Name of the Injured /Deceased Name of Hospital to which he /she was removed. Number of vehicles and type of the vehicle.	:-	403/18 8 279,304 m, 2004/10
3. 4. 5. 6.	Date, Time and place of the accident. Name of the Injured /Deceased Name of Hospital to which he /she was removed.	:=	403/18 8 279,304 m, spc
4.5.6.	Name of the Injured /Deceased Name of Hospital to which he /she was removed.	:	
5. 6.	Name of Hospital to which he /she was removed.	 	1 Kar 1 12100 D.010 K 111 1210110
6.	Name of Hospital to which he /she was removed. Number of vehicles and type of the vehicle.	 	Mally almosta 220 any co
	Number of vehicles and type of the vehicle.	1:-	जिल्ला व्यात्राम्य व्यावकारावतीः
7.	1	1:-	MH27 Ag 2029 Shine
1	Name and address of the Driver of the vehicle	-	70116
	with particulars or Driving License of the said		व्य न्यामन्द्रव युक्त वर्ष पु
	Driver and the address of the Issuing Authority of		व्य किंगर। क्यारा वती (नकी
	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.		
8.	Name and address of the Owner of the vehicle as	:-	x19410, 27419 11461 04 6
6	it stands on the date of the accident.		वानार राज मियरना क
9.	Name and address of the Insurance Company with		
	whom the vehicle was ingread and the Do	:-	
	Office of the said Insurance Company.		
10.	Number of Insurance Policy /Insurance Certificate	+	
	and the Date of William or .		
	Policy/Insurance Certificate.		
11.	Action taken, if any, and the result thereof.	-	
		-	
		-	- N
			Inspector of Police
		+	Police Station
_		+	वी.स्ट. क्रीजरपुरा,अमरविती शहर
- N	I.B – This form should accompany with all the nece		James de la Constantina

EIRST INFORMATION REPORT (Under Section 154 Cr.P.C.) प्रथम स्वर अहवाल (कलम १५४ फोजदारी प्रक्रिया संहिता)

1. District (जिल्हा) धमरावती शहर	(जिल्हा):धमरावती शहर P.S.(ठाणे): फ्रेजरपूरा		Year (44): 2018			
FIR No. (प्रथम रावर 0403	Date and Time of	FIR (प्र. ख. दिनांक आ	जे चेळ): 15/04/2018 14:16 करे			
S.No. (अ.क.) Acts (अधिनियम)	Sections 279 304-A	(कलम)				
3. (a) Occurrence of offence (गुन्ह्याची घटन	n):	The second secon	The second secon			
1. Day ব্যাস্থ্য	Date From (दिनांक	15/04/2018	Date To (दिनांक पर्यंत):15/04/2018			
Time Period (कालावधी): पहर 4	Time From	10:30 यजे	Time To (वेळेपर्यंत): 10:35 बजे			
(b) Information received at P.S. (माहि (c) General Diary Reference (रोजनामच			Time (वेळ): 14:16 बजे (दिनांक आणि वेळ15/04/2018 14:16 बजे			
4. Type of Information (माहितीचा प्रकार): (Oral		1.0			
5. Place of Occurrence (घटनास्तळ):						
1. (a) Direction and distance from F (b) Address (पत्ता):महादेवखोरी सुपर हायवे		मी	Beat No. (बिट क्र.):			
(c) In case, outside the limit of t Name of P.S.(पोलीस ठाण्याचे	Distri	स ठाण्याच्या हद्धाबाहर ct(State) (जिल्हा				
 Complainant / Informant (तक्रारदार/मार्ग (a) Name (नाव): नाना भाऊ वामनराव सुने (b) Father's/Husband's Name(वडील / पती का नाव): (c) Date/Year of Birth (जन्म तारीख/वर्ष) 	1	Nationality (राष्ट्रीयर	ਰ): भारत			
(e) UID No. (यु.आय.डी.						
(f) Passport No.(पारपत्र क्र.): Place of Issue (अदा केल्याची ठिकाण):		e of Issue (अदा केल	याची			
(g) Id details (Ration Card, Voter ID	Card.Passport.UID No. Drivin	a				
S.No.(अ.क्र.) Id Type (ओळखपत्राच		9 lumber (ओळखपत्राचा	क्रमांक)			
1 (h) Address (पत्ता):						
S.No.(अ.क्र.) Address Type (पत्य	S.No.(अ.क.) Address Type (पत्याचा प्रकार) Address (पत्ता)					
1 वतंमान पता		नवी वस्ती बडनेरा अमरावती ,फ्रेजरपूरा,अमरावती शहर,महाराष्ट्र,भारत				
2 स्थायी पता		नवी वस्ती बडनेरा अमरावती ,फ्रेजरपूरा,अमरावती शहर,महाराष्ट्र,भारत				
(i) Occupation (व्यवसाय):		V-1-11-11-11-11-11-11-11-11-11-11-11-11-	A 1111			
(j) Phone number (फोन नं.):		olle (मोबाइल नं.):				
7. Details of known/suspected/unknown	wn accused with full particula	rs (माहीत असलेल्या /	संशयीत/अनोळखी आरोपीचा संपूर्ण पत्ता):			
S.No.(अ. Name (নাব) 1 সনাতপ্তী 1	Allas (उर्फनाय) Relati	ve's Name (नातेवाई	कार्य Present Address (वर्तमान पता)			
			· ·			

9. Particulars of properties of interest (रांबंधीत मालमत्तेवा तपशील):

S.No. (क्र. Property Category (संपत्ति श्रेणी) Property Type (सम्पत्ति का Description (विवरण)

Value(In Rs/-) (मूल्य (रु

10. Total value of property (in Rs/-)-सम्पत्ति का कुल मूल्य(रु में):

11. Inquest Report / U.D. case No., If any (मृत्यु समीक्षा रिपोर्ट / यू॰डी॰प्रकरण सं., यदि कोई हो):

S.No. (क्र.सं.) UIDB Number (यू॰डी॰प्रकरण सं.)

12. First Information contents (प्रथम सूचना तथ्य):

कायमी अप नं.403/18 कलम 279.304(अ)भादवी फियांदी -नाना भाऊ वामनराव सुने वय 50 वर्ष जात बारी घंदा व्यापार रा. नवी वस्ती बडनेरा अमरावती आरोपी -अज्ञात ट्रैंक्टर चालक घटनास्थळ महादेवखोरी सुपर हायवे च्या पुलावर अमरावती घटना ता. वेळ दि 15.04.2018 चे 10.30 वा दरम्यान दाखल ता. वेळ दि 15.04.2018 चे 14 16 वा

13. Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2. (केलेली कारवाई: बाब क्र.२ मध्ये नमूद केलेल्या कलमान्वये वरील अहवालावरून अपराध घडल्याचे.)

(1) Registered the case and took up the investigation: (प्रकरण नोंदविले आणि तपासाचे काम

Asaram Hirubhau Chormalu(I (Inspector)) /

(2) Directed (Name of I.O.) (तपास अधिका-याचे नाव): No.(页.):

Rank (पद):

to take up the investigation (ला तपास करण्याचे अधिकार दिले) or (किंवा)

(3) Refused investigation due to (ज्या

or (ज्या कारणामुळे तपास करण्यास

(4) Transferred to P.S.(गुन्हा

District (जिल्हा):

on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant,admitted to be correctly recorded and a copy given to the complainant / informant free of cost. (प्रथम खबर तक्रारदाराला/खबरीला वाचून दाखंदिली, बरोबर नोंददिली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफल दिली.)

14. Signature/Thumb impression of the complainant / informant. (तक्रारदाराची/खबर देणा-याची सही/अंगठा):

15. Date and time of dispatch to the court (न्यायालयात पाठवल्याची तारीख व वेळ):



Signature of Officer in charge, Police Station

Name (नाम):Asaram Hirubhau Chormalu Rank(पद): I (Inspector) No.(सं.):