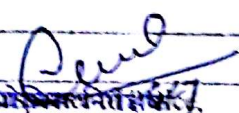


FORM COMP AA

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

1.	Name of the Police Station	:- FREZARDPURA, AMT. CITY
2.	CR. NO./TAR No./ SDE No.	:- 800/17, ककम 273, 429 ZPC
3.	Date, Time and place of the accident. —	:- दि. 13/10/17 ये 13.00 घण्टेस फरेडा जल्ल
4.	Name of the Injured /Deceased	:- राक सिंह.
5.	Name of Hospital to which he /she was removed.	:- —
6.	Number of vehicles and type of the vehicle.	:- MH 40-Y-5367 ST BUS, 01
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.	:- डा. लक्ष्म महेश्वर खरारे ज्य. ए. साकल सा. वामुण्ण जि. वळमाण.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- महाराष्ट्र डेट एव्हिएशन विभाग. महाराष्ट्र
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.	:-
		 पोलीस स्टेशन फ्रेझारपुरा 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.		