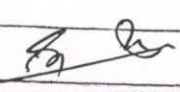


June 17

FORM COMP AA

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

1.	Name of the Police Station	:-	P. S. Badnereva Amravati
2.	CR. NO./TAR No./ SDE No.	:-	292 (17) section 279, 338 IPC
3.	Date, Time and place of the accident.	:-	22/06/17 at 00-30 am
4.	Name of the Injured /Deceased	:-	Hareesh Ashokrao Shiroao
5.	Name of Hospital to which he /she was removed.	:-	Government Hospital Amravati
6.	Number of vehicles and type of the vehicle.	:-	MH-40-Y-1318 मीगा ड्राइव
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.	:-	Hitesh Shuresh Rao Kothe Kothe Add- Bhargavada T. Aurmi Dist - Wardha Licence No - MH-32-20130004666 valid - 04/04/2033
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Ramdas Ramchandra Madankar Add- Managan badade TA. Narhat Dist - Nagpur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Basas Allianz General Insu- Company & Plaza Airport P Road Yerwade Pune-411006
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Policy No - 0 09-17-3133-1803-00000011 validity - 15/09/2017
11.	Action taken, if any, and the result thereof.	:-	-
			 Inspector of Police, Badnereva Police Station. पोलीस निरीक्षक पोलीस स्टेशन, एस १ बदनरेवा (अ.प्र.)
N.B - This form should accompany with all the necessary document viz. (1) Panchanama (3) Medical Certificate/Post -Mortem Report.			